

THE
CALCUTTA JOURNAL
OF
MEDICINE:

A MONTHLY RECORD OF THE MEDICAL AND AUXILIARY SCIENCES.

That alone is the right medicine which can remove disease :
He alone is the true physician who can restore health.

Charaka Sanhitā.

EDITED BY
MAHENDRA LA'L SIRCA'R, M.D., C.I.E.

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[No. 1.

PAST YEAR.

The year 1906 has disappeared with the decay and progress of time. Many Christians bid adieu to the old year before twelve midnight of the 31st December, and welcome the new year on its approach after that time. Most Hindus do the same in another way. In Bengal, the custom is to salute the departing *Pous* month as the beginning of the harvest festival which happens on or about the 14th January and finds the way to usher the month of Magh as the end of the season. The winter solstice which ends on or about the 22nd December is also a significant fact of the time. This year it so happens that the last day of the month of *Pous* is visited by the total eclipse of the sun though it is partial in Bengal. In Upper India, the year commenced on the 31st December. On the whole, the noticeable features are the winter solstice and harvest festival. These occurrences point out the marked similarity between the Hindu and Christian festive season.

Another remarkable fact is the advent of the Twentieth Century among the two nations. The *Samvat* of Vikramaditya, the erudite king of Ujjayini in Malava, marks the year 1963. In his reign the height of Sanskrit literature came to its zenith. The Hindu *Samvat* began in the full blaze of literary cultivation. The Christian A.D. commenced in darkness to receive the effulgent illumination of science in the Twentieth Century.

Though we are in advance by 57 years of the Christian era the Hindu *Samvat* is showing hazy light since it took its birth in great luminosity. Our advancement in *Samvat* 1963 is misty as compared to the blazing light of Europe in A.D. 1906. So Tennyson sang :

“ Thro’ the shadow of the globe
we sweep into the younger day :
Better fifty years of Europe
than a cycle of Cathay.”

The pessimism of retrogration imparts a coloured view when it is observed through the spectroscope of optimism. As members of the New School of Medicine we borrowed our light from the great Hahnemann. The science of medicine was analysed by him as if in a polariscope to bring out the single fibre of light. The gross medicaments of the Orthodox School were so much reduced in size as to impart the new charmed character to homœopathy. There the East borrowed from the West something tangible, but generally, imperceptible as a single ray of light unless observed with the eye of scientific precision. When we have given from Asia the ponderous dose of Christian religion to the West, we take an infinitesimal proportion of scientific medicine from this part of the world. We meet to exchange joyous greetings for squaring our accounts of creditors and debtors. The gain or loss, any how, can not be compared. Self satisfaction, the pleasing task, smooths down all difficulties.

Rudyard Kipling raved in his effusion of “fire and distrust :

“ East is East and West is West ;
and never the twain shall meet.”

A holy man, a child of Christ, the Rev. J. Murray Mitchell replied :

“ East is East and West is West,
and yet the twain shall meet,
And Eastern men join Western men
in fellowship complete.”

It may be said that religion has not been able to complete that fellowship between East and West as has been done by science. Of all the branches of science, nothing is more capable to touch the human sympathy as medicine. Science does not admit of creed and colour as any good religion. But diversified religions of modern days have created great antipathy frustrating all the teachings of Christ to cultivate sympathy. The modern doctrine of Colour-preference promulgated by a few Christians is to speak the least is un-Christian and unscientific. The only bond that can complete the fellowship between East and West is the sympathetic administration of medicine. Among the varied systems, no one can claim so much scientific bond of adhesion as the infinitesimal ions of homœopathic medicine which act in consonance and affinity in all climes under the guidance of one universal law. The reign of law is our predominating character. Irregularity and illegality are detested by us. There can be no scientific medicine unless it is in the domain of law. Of all the systems, we claim the predominating guidance of science which accords with the modern exposition.

In India, there is no particular record as to the advancement of homœopathy with regard to the past year. The *Swadeshi* movement has given an impetus to the manufacture of homœopathic medicines. Messrs. Lahiri and Co. of Calcutta have exhibited a few homœopathic mother tinctures prepared by them in the present Industrial Exhibition. Though we are using for a long time many of our home-made mother tinctures, yet they are not open to trade. We wish every success to our friends in their happy adventure.

In America, the International Homœopathic Congress made its mark of advancement. We expected that invitation for papers from senior homœopathic practitioners of India would be invited. No such anxiety was shown to further the cause of the International Congress by its promoters. Perhaps the Lynch law took another feature except on the devoted person of our friend Dr. P. C. Mazumdar. At any rate, we thank our colleagues of the New World for the success of their achievement.

TREATMENT OF RHEUMATISM.

By Dr. Henry Duprat of Geneva.

(*Clin.* Stands for Clinical indications, *Path.* for Pathogenesis and *C.S.* for Concomitant Symptoms.)

ACONITUM—*Clin.* Acute rheumatic inflammation (period of invasion). Caused by *cold dry air*.

Path. Bright red swelling of the diseased part; shooting and tearing pains; aggravation at *night*.

C.S. *Febrile state with dry heat* of the skin, thirst, agitation, sleeplessness, *pulse hurried, hard, bounding*.

ACTEA RACEMOSA.—*Clin.* Acute and chronic rheumatism. *Myalgia*. Rheumatism of small joints of the hands and feet (Farrington). *Torticollis*. Caused by *moist cold*.

Path. Pains shooting, *Crampy*, with muscular twitchings. *Lying* on the diseased side or compressing it, *muscular contractions* are produced. In the nape of the neck and posterior part of the head, *bruise* as from contusion; the *head is pulled backwards*. Aggravation of the pain at night.

C.S. *Hysterical conditions; uterine pains; profound melancholia* and dulness. *Mental state* at the disappearance of rheumatism.

AMMONIUM MURIATICUM. *Clin.* Elective action on the *fibrous tissues* of the articulation. *Chronic rheumatism*. Chronic sprain. Pain in the *heel*.

Path. Sensation of *constriction* in the diseased articulations; *contraction of the tendons of the popliteal space*, which gives the sensation of being pulled when the patient walks. It is ameliorated and diminished by *continuous movement*. The phenomenon of pulling is less complained of than in *Causticum* which deforms. Sensation that *the heel is ulcerated*.

C.S. Indolent persons, strong and heavy in body, but having *short and disproportionate limbs*.

AMMONIUM PHOSPHORICUM. *Clin.* Chronic, constitutional *gout*.

Path. *Nodular swelling* of the the articulations. *Uratic articular concretions*.

ANACARDIUM.—*Clin.* Chronic arthritis of the knee; torticollis.

Path. Swollen knee; sensation of subcutaneous ulceration. Feebleness of the knee. Stiffness of the neck is aggravated at the commencement of movement.

ANTIMONIUM CRUDUM.—*Clin.* Constitutional chronic gout. Caused by debauched life.

• *Path.* Gouty nodosities in many articulations.

C.S. Presence is necessary of the characteristic gastric symptoms: the tongue is surcharged with white coatings, nausea, gastric malaise, eructations throwing up foods, alternate constipation and lienteria, aggravation by pie, fat, etc.

APIS. *Clin.* Rheumatism acute, inflammatory, articular, less often muscular.

Path. Inflammatory synovial swelling. Rosy red swelling extremely painful to touch. Burning and stinging pains; sensation of stiffness and great tension in the diseased parts. Aggravation by all kinds of movement, heat; amelioration by cold.

C.S. Fever with alternate dry heat and perspiration. Slight thirst. Piercing cries.

ARGENTUM METALICUM.—*Clin.* Arthralgia; elective action on the articular cartilages.

Path. Articular pain without objective inflammation. Feebleness of the knees.

ARNICA.—*Clin.* Acute rheumatism and gout. Myalgia. Caused in winter, by exposure to moist cold; traumatism, muscular over-action.

• *Path.* Bright red swelling. The diseased parts are painful and bruised; sensation of luxation; the diseased part seems to repose upon a very hard surface and the patient feels the necessity to change the position. Great fear to be touched or hurt by persons who approach him. Acute pain, shooting from the elbow to forearm or traversing the leg and foot. Aggravation of symptoms by all kinds of movement. Suddenness of the pain.

C.S. Very sanguine and plethoric temperament with red face.

AURUM.—*Clin.* Chronic gout; *arthritis deformans*. Caused by *Syphilis* and *Mercurialisation*.

Path. Articular nodosities, deviations. *Osseous lancinating pains*. Drawing pain in the articulations of the hands and feet.

C.S. Bilious temperament; *depressive melancholia*; congestive vaso-motor troubles of the chest and head.

BELLADONNA.—*Clin.* *Acute torticollis*.

Path. Painful swelling and redness of the neck and nape. Pains *violent*, darting, sharp and sudden. Aggravation in *horizontal position*, by pressure, on being uncovered, at night.

C. S. Congestion of the head; redness of the face.

Benzoicum acidum.—*Clin.* Chronic rheumatism and gout with *urinary symptoms*.

Path. Articular nodosities.

C. S. Dark brown urine and with *very strong* odour as that of horse; the smell exists at the moment of urination and remains afterwards.

• **BERBERIS.**—*Clin.* Rheumatism and gout especially chronic with *urinary symptoms and lumbago*.

Path. Tearing burning pains; *sensation of ebullition*. Pain in the back. (See *Rachialgia*).

C. S. Urine with *sediment* turbid, flocculent, clayey or sufficiently whitish, afterwards turning *red and mealy*, or red with blood.

BRYONIA.—*Clin.* Rheumatism *acute, articular and muscular*. Acute gout. Caused by *dry cold*.

Path. Violent inflammation. Articular swelling more often *pale* than red; heat with stiffness. *Synovial effusion*. Muscular inflammation sometimes with swelling. The pains are acute, *puncturing*, tearing, appearing or aggravating by *least movement*, disappearing or diminishing by *perfect rest*. Amelioration by *strong pressure* or *lying on the affected region*. Amelioration by *heat*. Aggravation in the morning and evening.

C. S. Acute fever with *predominating chill*, great thirst and drinking large quantity at a time, acid sweat. Temperament bilio-nervous, strong and melancholic.

CALCAREA CARBONICA.—*Clin.* Chronic and subacute rheumatism. Deforming rheumatism. • Constitutional *gout* with dyspeptic symptoms. Caused by humidity and *work in water*.

• *Path.* Rheumatic pain in the back and shoulder; tearing and pulling in the right arm, from the shoulder up to the head. *Nodosities in the digits*; deformation of the extremities. Rheumatic pain in the bones.

C. S. Acid dyspepsia (gout). Local sweat. Feeling of moisture in the limbs. Leuco-phlegmatic and dull temper.

CALCAREA PHOSPHORICA.—*Clin.* Chronic rheumatism. Elective action upon the *osseous sutures*, and *symphyses*. Torticollis. Caused by each change of season, exposure to humidity, melting of ice.

Path. After having cold on a sudden, stiffness of the neck, painfulness of the limbs and erratic pain, particularly in the sacrum and inferior extremity. Pain in the *sagittal suture* and *sacro-iliac articulation*, in the line of reunion of fractures.

C.S. *Rachitis*, scrofula.

CAULOPHYLLUM.—*Clin.* Chronic and acute rheumatism with uterine symptoms.

Path. Swelling and pain in the *phalangeal and metacarpal articulations*.

C.S. Uterine troubles; spasmodic dysmenorrhoea, passive haemorrhage, feebleness.

CAUSTICUM.—*Clin.* Chronic gout and arthritis; *deforming rheumatism*; rheumatism of the jaws. Caused or especially aggravated by dry cold.

Path. Articular stiffness; *constriction and contraction of the flexor ligaments and tendons*. Deformation of the limbs. Feebleness of the limbs with sensation of paralysis; impossibility to move. Rheumatic pain in the *maxillary articulation* with stiffness. The symptoms are ameliorated by heat.

C.S. Paralytic feebleness. Herpetic diathesis. Red urine charged with urates. Old men.

CHAMOMILLA.—*Clin.* Acute and subacute rheumatism. Caused by coldness during perspiration, exposure to cold wind.

Path. Shooting pains with numbness and sensation of paralysis. Aggravation by heat and more often at night; the pains drive the patient out of his bed and oblige him to walk in the room. Aggravation also by cold.

C.S. Fever with heat, redness (of one cheek), thirst, anxiety and great nervous excitement; cannot bear the sufferings. Great sensibility to cold, which brings on enough troubles.

CHINA. *Clin.* Acute rheumatism in the advanced period when the fever becomes intermittent; the articulations are also swollen. (Farrington).

Path. Articular swelling and redness. Periodic pain; characteristic pressive pains and with twitchings. Contact revives the pains which can become very violent; the patient does not allow to be approached and complains loudly if the diseased part, which is extremely sensitive, is touched; strong pressure relieves. Aggravation by movement and at night.

C.S. General feebleness; disturbed sleep, with frightening dreams whose anxiety continues after waking.

CHININUM SULPHURICUM.—*Clin.* The same indications. The febrile crises and painfulness present in the form of regular paroxysms.

COLCHICUM.—*Clin.* Acute rheumatism and gout. Gouty myalgia acute and chronic. Torticollis. Cardiac rheumatism.

Path. Painful inflammation of the small articulations; red swelling dark or pale extremely sensitive to touch. Burning and tearing pain; pain in the articulations with great feebleness of the limbs; numbness and coldness of the surface; tingling in the toes. Muscular pain tearing and twisting. The articular inflammation goes from one articulation to another. The pains are superficial in summer, great in winter. Autumnal rheumatism. The pains are aggravated by least touch and movement and at night. Pericarditis and valvular inflammation by metastasis.

C. S. Gastritis with acidity, nausea at the odour of food, flatulence, diarrhoea. Urine red, dark, diminished, and bright. Extreme irritability. All slight impressions exteriorly created by light, sound and odour, indispose the patient and make the pains insupportable.

COLOCYNTH.—*Clin.* Chronic arthritis after acute affection; Ankylosis.

Path. Stiffness and heaviness of the articulations. Pains lancinating, crampy. Aggravation by movement. Rheumatic pain in the limbs, diminished by the emission of flatus; amelioration by pressure.

C. S. Amelioration of sufferings by flexion and relaxation of the painful parts. Aggravation by the contraries, vexation and indignation.

DULCAMARA.—*Clin.* Acute and chronic rheumatism. Torticollis. Caused by sudden change of season or humid cold; repulsion of eruption.

Path. After having been under the influence of humid cold the neck becomes stiff, the back painful, the limbs ache. Lancinating and shooting pains. Aggravation at night or in the evening, during repose; amelioration by movement.

C. S. Predisposition to catarrh. Dry skin.

FERRUM.—*Clin.* Subacute and chronic rheumatism. Rheumatism of the left deltoid.

Path. Pains pulsative, congestive, aggravate at night in the heat of the bed, lessen by gentle movement and on rising to walk slowly in the room.

C. S. Anæmia, pale countenance with congestive swelling.

GUAICUM.—*Clin.* Chronic rheumatism and gout; deforming rheumatism.

Path. Concretions in the articulations; deforming tendinous contractions, aggravated by each attempt to movement; shooting pains.

HAMAMELIS.—*Clin.* Subacute and chronic rheumatism (after Arnica, if it disappoints).

Path. Painfulness as by a bruise aggravated by touch.

C. S. Developed venous system; varicosis.

IODUM.—*Clin.* Gouty arthritis. Electivity on the knee.

Path. Tearing pains in the articulations, aggravate at night and by heat. Articular nodosities. Dropsy of the knee, especially in scrofulous persons (after Apis).

C. S. Emaciation; bulimia; dirty skin.

KALI BICHROMICUM.—*Clin.* Chronic rheumatism. *Blennorrhagic* rheumatism. Especially affects the small joints of fingers and wrist. Rheumatism alternating with the characteristic gastric troubles. Caused in cold days and nights of spring and summer.

Path. Erratic pains; pains occupying all the small joints appearing and disappearing suddenly.

C. S. Gastric troubles alternating; tongue large, scalloped, with a thick yellow coating at the base, or well uniform, varnished and cracked; swelling of the stomach immediately after meal; constipation or diarrhoea in the early morning; dysenteric stools; catarrhal gastritis. Viscous, tenacious, and filandrous character of secretions and excretions. Fat and bloated persons.

KALI IODATUM.—*Clin.* Chronic articular rheumatism; elective localisation in the knee. Spinal and medullary rheumatism (Farrington, see Rachialgia).

Path. Swelling with sensation of stickiness, infiltration in the tissues, without fluctuation; the skin of the articulation is spotted. Gnawing and lancinating pains; aggravation at night.

C. S. Syphilis.

KALI MURIATUM.—*Clin.* Brings on resolution of the exudative synovial inflammation after acute crisis (Nash.)

Path. Inflammatory fibrinous articular exudation.

C. S. Grayish white-coating of the tongue (Schuessler).

KALI SULPHURIUM.—*Clin.* Acute and chronic articular rheumatism.

Path. Ambulatory character of the rheumatic phenomena. Aggravation in a hot room and in the evening; amelioration in high wind.

C. S. Medicament similar to *Pulsatilla*.

KALMIA.—*Clin.* Chronic and acute rheumatism without fever. *Cardiac rheumatism. Rheumatic gout of the fingers.*

Path. The rheumatic phenomena are carried from above downwards (contrary to *Ledum*); migratory rheumatism, the pains change suddenly. Tearing pains lower down the legs without any swelling but with great feebleness. Rheumatic metastasis of the heart especially after external application on the articulations.

LAC CANINUM.—*Clin.* Acute articular rheumatism. The pains travel from one articulation to another and from one side to the other.

LEDUM. *Clin.* Acute and chronic rheumatism. Acute and chronic gout. Elective action on the small articulations; on the foot.

Path. The rheumatic phenomena commence in the feet and from there they are carried high in the body. In acute rheumatism; hot and pale swelling of the articulations; inflammatory swelling of the ankle; inflammatory gout of the great toe with pains aggravated at night, by the heat of the bed; oedema of the feet; abuse of *Colchicum* which has suppressed the disease. Chronic painful swelling of the articulations; articular nodosities and concretions painful and hard at first in the feet, then in the hands. Periostitis of the phalanges painful. Pains in the plantar surface of the feet and in the heels, in the standing position. The characteristics are: aggravation of the pains by the heat of the bed; the patient feels abnormally cold, wanting vital heat, although he has amelioration by cold and sometimes by putting the feet in cold water. The cold on the surface produces tearing pains in the articulations with great feebleness and numbness of the limbs, resembling the medicament *Colchicum*.

LITHIUM CARBONICUM.—*Clin.* Subacute and chronic rheumatism. Chronic gout. Cardiac rheumatism. Elective action on the knee, ankle and articulations of the fingers and toes.

Path. Painfulness, occasional swelling and redness in the last joints of the fingers and toes. Articular nodosities. Intense

itching in the sides of the feet and hands, without any apparent cause. The whole body appears *stiff and painful*, as if beaten; awkwardness in walking and heaviness of the muscles; the weight of the body is increased, swollen appearance. The pains are carried *downwards in the limbs*. Cardiac metastasis.

C. S. Rheumatic painfulness of the region of the heart; violent *pain in the heart on bending*. Urine with thick deposit of mucus, uric acid or pus.

LYCOPodium.—*Clin.* Chronic rheumatism and gout. Torticollis. *Right side of the body*.

Path. *Nodosities in the joints*. Painful aggravation at night, in the evening, by heat. Painfulness of the *plantar surface of the feet*. Amelioration by *slow movement*. Painful stiffness of the nape of the neck and at the same time pain in the lumbar region.

C. S. *Deposit of uric acid in clear urine*; gravels. *Flatulent dyspepsia*. Aggravation from 4 to 8 P.M.

MAGNESIA CARBONICA.—*Clin.* Chronic muscular and articular rheumatism. Electivity on *the right-shoulder*. Coccydynia.

Path.—Rheumatic pains in the limbs aggravated by long walk and in bed, *diminished by heat*. Raising the arm increases the pain in the right shoulder.

C. S. *Acid dyspepsia*; diarrhoea, acid, *greenish and frothy*; acid odour of the body.

MANGANUM.—*Clin.* Subacute and chronic rheumatism and gout. Electivity on the *heels*.

Path. Phenomena of *erratic gout* with swollen and red articulations; *one articulation is attacked after another*. The patient can not support *any weight on the heels*. The rheumatic symptoms manifest on the surface by dark bluish spots.

C. S. Chronic skin.

MEDORRHINUM.—*Clin.* *Blennorrhagic rheumatism*. Chronic rheumatism.

Path. *Tenacious rheumatic swelling* of the articulations, *hands, feet and knees*. *Plantar surface of the feet painful*. Aggravation of the pains during the day.

MERCURIUS.—*Clin.* Acute rheumatism; *blennorrhagic or syphilitic* rheumatism. *Acute gout.*

Path. Tearing and shooting pains; great pain in the bones; in acute gout great pain in the bones. Aggravation at night, by the heat of the bed. Profuse sweat which does not relieve.

C. S. Syphilitic and scrofulous subjects. Foetid breath. Increase of mucous secretions. Great sensibility to all changes of temperature, also by heat and cold.

NATRUM MURATICUM.—*Clin.* Chronic rheumatism. Lumbago.

Path. Painful tension in the flexor tendons as very short (hamstrings), can produce deformity. Stiffness and cracking of the articulations. Starting in the muscles and limbs. Pain of luxation in the shoulders and hips, lancination in the muscles of the hands and fingers.

C. S. Anæmia; emaciation; dry skin; constipation; increase of mucous secretions; shivering, chilliness in the back.

NUX MOSCHATA.—*Clin.* Rheumatism of the left deltoid.

NUX VOMICA.—*Clin.* Acute and Chronic rheumatism, concerning the large articulations and muscles; rheumatism of the trunk. Rheumatism with the characteristic gastric symptoms. Torticollis. Lumbago. Caused by dry cold; junketing; over-driving.

Path. Pale swelling of the articulations. Painful shooting and stiffness of the nape of the neck. Symptoms almost always aggravate in the morning.

C. S. Fever; chill at the least movement, and on uncovering even a little; body and face burning. Gastric troubles; malaise and weight one or two hours after food; pyrosis; constipation with ineffectual inclination; tenesmus; hæmorrhoids.

PETROLEUM.—*Clin.* Chronic rheumatism. Torticollis. Lumbago. Elective action on the knee and jaw.

Path. Articular cracking. Stiffness of the knees which are attacked with acute pain and boring. Stiffness of the neck and cracking on moving the head. Cracking of the jaws which are easily dislocated.

C. S. Bad state of the skin which suppurates easily; cracks, painful fissures; foetid local sweats; eczema of winter. Nervous weakness.

PHYTOLACCA.—*Clin.* Chronic rheumatism; *blennorrhagic* and syphilitic rheumatism. Elective action on the *periosteum*, fibrous tissue and left hip. Caused by *humid temperature*.

Path. Periosteal pains, increasing at night, by heat and moisture.

C. S. Mammary inflammation.

PLUMBUM.—*Clin.* Chronic rheumatism and gout. Electively attacks hands and feet.

Path. Mobile rheumatic pains with stiffness; tearing and shooting in the limbs; on pressure great pain in the limbs. Ganglions at the back of hands. Sensation of painful paralysis in the articulations of the inferior extremity especially on ascending stairs. Aggravation at night, often by heat. Muscular atrophy.

C. S. Emaciation. Tenacious constipation. Interstitial nephritis.

PULSATILLA.—*Clin.* Acute and chronic rheumatism. *Blennorrhagic* rheumatism. Traumatic synovites. Elective action on the knee, elbow and tarsus. Muscular rheumatism.

Path. Red swelling of the articulation. Pains acute, shooting, lancinating accompanied by aching and sensation of subcutaneous ulceration; pains often accompanied by muscular contraction, and stretching of the limbs. Erratic and changing pains. Aggravation by heat, in the evening and at night. Amelioration by slow movement, pressure and cold. Plantar surface of the foot is painful.

C. S. Anæmia; *adipsia*; coldness with sufferings. Variability of symptoms. Character gentle, amiable, resigned; tendency to tears.

RANUNCULUS BULBOSUS.—*Clin.* Acute and chronic muscular rheumatism especially of the muscles of the trunk. Caused by change of season; humidity.

Path. Intercostal pains; shooting puncturing pains in the chest at each change of season; great painfulness to touch

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in the muscles as bruised; sensation of *subcutaneous ulceration*. Aggravation on walking and turning; on coughing he is obliged to support the chest.

RHODODENDRON.—*Clin.* Chronic rheumatism; *chronic gout*. Electivity for the small articulations. Caused by change of season and in the cold of winter, electrical change of atmosphere having storm.

Path. Rheumatic pains in the limbs; *periosteal* lancinating pain, aggravates during rest. Gout with fibrous deposit, non-urætic in the great toe.

RHUS TOXICODENDRON.—*Clin.* Acute and chronic rheumatism. Elective action on the fibrous tissues; ligaments, tendons, aponeurosis; on the maxillary articulation. *Lumbago*. Caused by humidity; having been wet in summer; to be in contact with moist things; sprain.

Path. Pains shooting, tearing, of luxation, accompanied by numbness and rigidity, sensation of *subcutaneous ulceration*. Aggravation by repose; amelioration by continuous movement notwithstanding the aggravation by first movement. The patient constantly changes place the location of the disease, which relieves; he can not bear the least exposure to cold air. Amelioration by heat. Pain in the maxillary articulation, as if the jaw would be broken to pieces; cracking at each movement: easy luxation of the jaw.

RUTA.—*Clin.* Traumatic *periosteal* rheumatism. Elective action on the fingers and toes.

Path.—Painfulness and bruised sensation as by a fall. Aggravation by cold and humidity; amelioration by movement.

SABINA.—*Clin.* Rheumatism and acute gout. Elective action on the fingers and toes.

Path. Red, shining inflammatory swelling of the articulations. Pain in the bones. Amelioration by the contact of cold air.

C. S. Profuse metrorrhagia with pain in the back and pubis (compare *Caulophyllum*.)

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SANGUINARIA.—*Clin.* *Acute muscular rheumatism.* Elective action on the back, the nape of neck (torticollis), and the *right deltoid*.

Path. Pains *acute*, intense, puncturing, erratic with great painfulness and rigidity of muscles. *Aggravation at night and in bed*; the patient can not raise the arm.

SARSAPARILLA.—*Clin.* *Chronic rheumatism with symptoms of gravel. Blennorrhagic rheumatism.*

Path. *Periosteal pains* by the suppression of gonorrhoea.

C. S. *Diminution of urine*, which is glairy, flocculent and contains *white sands*.

SILICEA.—*Clin.* *Hereditary chronic rheumatism.* Rheumatism after *blennorrhagia*. Elective action on the shoulder, hip and foot.

Path. Pains in the articulations *aggravate at night* and on uncovering (contrary to *Ledum*); *amelioration by warm covering*. Painful sensibility in the *plantar surface of the feet*. Paralytic weakness of the limbs.

C. S. *Nervous weakness*; defective assimilation with thinness. Foetid and irritant *sweat of the feet*; troubles after suppression of the sweat.

STAPHYSAGRIA.—*Clin.* *Chronic constitutional gout.*

Path. Arthritic *nodosities*; *deposit of urates* in the articulations.

C. S. *Cerebro-spinal weakness*, sexual abuse. Irritability and sullenness. *Arthritic ophthalmia*.

STICTA PULMONARIA.—*Clin.* *Inflammatory rheumatism of the knee.*

Path. *Sudden invasion*.

SULPHUR.—*Clin.* *Acute and especially chronic rheumatism. Chronic gout.* Affection of the articulations and its continuity to the limbs. Caused by *subsidence of cutaneous manifestations*.

Path. Synovitis with *effusion*, especially in the *knee* (sulphur produces resolution in the last stage of crisis). The inflammatory swelling is carried to the feet *from the upper part of the body*. Starting of the limbs on sleeping in *acute rheumatism*.

Erratic pains. Aggravation of pains in bed and at night; the patient uncovers to relieve the burning sensation of the feet.

C. S. Gouty diathesis with cutaneous manifestation. Inequality of the distribution of blood; local congestion. Bad odour of the body. Spinal weakness. *Hæmorrhoidal constitution.*

THUJA.—*Clin.* *Blennorrhagic articular rheumatism* by metastasis.

Path. Shooting, tearing, and pulsative pains. Pains aggravated by hanging the limbs, extension, repose and heat; amelioration by movement, cold and perspiration. Cracking in the articulations of the elbow, knee and foot on spreading the limbs.

C. S. Gonorrhœa; *sycosis*. Frequent urination accompanied by pain. Sweat only on the uncovered parts. Bad effects of vaccination.

VERATRUM ALBUM.—*Clin.* Rheumatism especially chronic. Caused by moist atmosphere.

Path. Breaking pains; violent pains to render mad; driving the patient out of his bed and obliging him to walk in the room (without fever or the excitement of *Chamomilla*). Trembling of the diseased parts.

C. S. Great feebleness; general coldness, cold sweat on the forehead.

VERATRUM VIRIDE.—*Clin.* Acute rheumatism; localised articular, or muscular rheumatism.

Path. Violent inflammation.

C. S. Continuous high fever; pulse hard, full, frequent; tongue on the sides yellow, with a central red and sharp line.

VIOLA ODORATA.—*Clin.* Rheumatism of the superior extremity, especially the left. Elective action on the right fingers.

Add—

BENZOICUM ACIDUM. *Path.* Articular crackings. Pain in the Tendo-Achilles.

(To be concluded.) 45

EDITOR'S NOTES.

Respiration Innervation.

The *Medical Times*, October, writes :

"*N. Y. State Journal of Medicine* recognizes that theory regarding a number of brain functions has been so complicated by the assumption of several centers for each that little use could be made of related clinical phenomena. One of these, that of the regulation of breathing, has, however, been materially simplified by recent work. Nikolaides concludes : I. In the oblongata there is a center for normal respiration, i. e., the rhythmic change of tension (inspiration) and relaxation (passive expiration) of the same muscle group, the inspirators. II. There must also exist in the oblongata a center for actual expiration. III. The center for normal respiration is influenced by an inspiratory inhibiting center, which lies in the posterior quadrigeminal bodies; its removal, even where the vagi are intact, is followed by changes in the respiration. IV. The center for active expiration is inhibited in its activity during normal respiration by an expiratory inhibiting center which exists in the anterior quadrigemina or in the parts beneath them. V. The inspiratory centers described in the various parts of the brain-stem above the oblongata are properly inspiratory tracts, the centers for which lie in the cerebral cortex. Mavrakis and Dantas conclude : 'There exists a spot in the upper part of the precentral convolutions irritation of which calls forth definite and pure respiratory movements, unaccompanied by any other motion. The centrifugal fibres from this spot traverse the internal capsule, the foot of the crus, and the basal ganglia in the midbrain, in which they run very close to the middle line on the corresponding side, to their termination at the respiratory center in the oblongata; these fibres consequently do not cross, but pass on the same side, at least to the midbrain.'"

The physiological research closely follows the clinical observation. When there is effusion in the brain in the tracts, viz., the fourth ventricle, medulla oblongata and pons varioli, etc., coma is produced. The pressure attaining a greater intensity causes failure of respiration. There may be different inspiratory and expiratory centres but the supposition is they must be closely located to give a correspondent rhythmic action.

The Abolition of Capital Punishment.

The *Lancet*, November 10, writes the interesting note :

“‘THE Latin races,’ writes an Italian contributor, ‘seem possessed with a horror of the death penalty, while it is notorious that homicide is far more prevalent among them than among their Teutonic or Scandinavian contemporaries. Forty years ago, in the house of commons, the question of the abolition of capital punishment was raised and discussed with a statesmanlike thoroughness that has laid it to rest in the United Kingdom ever since, and now that France is preparing to follow the lead of Italy, which abolished the death penalty 30 years ago, the debate in the British Parliament is worth recalling. That debate was made memorable by two interlocutors, John Stuart Mill and Sir George Bowyer, the former with great logical power maintaining that imprisonment for life was a much less humane mode of dealing with the assassin than execution by hanging; the latter arguing with equal force that capital punishment was infinitely more efficacious as a deterrent than any substitute for it proposed in the name of humanity. Sir George Bowyer, a Knight of Malta, had great knowledge of Italy and his illustrations in support of his thesis impressed the House profoundly. A Neapolitan, he said, wanted to kill his wife but was afraid to do it in the Kingdom of the two Sicilies, where such crimes were still punishable by the guillotine. In Tuscany, however, thanks to the teaching of Beccaria, the death penalty had long been a thing of the past, so he took his wife to the archduchy and assassinated her there. That and similar illustrations determined the matter, so far as the British Government was concerned, in a non-abolitionist sense, but ten years later the Italian legislature, shortly after its seat had been transferred from Florence to Rome, brought the whole of Italy into line with Tuscany, and, in spite of the powerful reasoning of La Marmora and other statesmen, made the taking of life punishable only by imprisonment for the same. What has been the result? Let Baron Garofalo, the great criminal statistician of Italy, give the answer. Lecturing before an audience presided over by Queen Margherita in Rome, he said that homicides in Italy amounted annually to more than 4,000—the number for one year being no fewer than 4,380—in other words, as he expressed it: ‘An Italian kills an Italian every two hours.’ Illustrating his point still further he showed by statistics that deducting from the European continent the Iberian peninsula, there are, as compared with Italy, fewer murders in that Europe during the twelvemonth than in the

Italian kingdom alone. Omitting the reasons he gave for this 'sinister priority'—distrust of the legal tribunals, vendetta, and the like—he hastened to show that there are in Italy 'assassinations' differing in criminality from each other—assassinations attributable to the use of the stiletto or knife carried (illegally) by every Italian and the consequent infliction of blows not intended to be lethal but often having that issue. Youths of either sex, for example, in a fit of jealousy or vicious excitement, will whip out a knife and before they are aware of what they have done will have killed the object of their momentary resentment. On such 'assassins,' of course, a less summary penalty would be inflicted than on the deliberate murderer whose act is the outcome of a carefully matured plan carried out with every precaution against its legal consequences. Still, with every deduction due to this consideration, homicide in its worst forms is so deplorably common in Italy that, with such an example before her, it is surprising, to say the least, that France should at this moment 'have placed' on the parliamentary *tapis* a Bill for bringing her treatment of the murderer into line with the Italian. M. Goron, sometime head of the criminal detective department, and M. Jaume, its chief inspector, are believed to be in sympathy with the promoters of the Bill; but such reasons as are ascribed to them for supporting it would not have commended themselves to John Stuart Mill or Sir George Bowyer, or indeed to the British Parliament of the late 'sixties."

There are two sides of the question with regard to capital punishment. The moral and the practical. The first inculcates humane treatment. In that view, capital punishment can not have its place. The moral punishment is the social opprobrium and the penalties of law associated with it. Life-long suffering is a better prevention of the crime than when the murderer is expected to die within a short time. In fact, capital punishment induces many persons for the crime. There may be few exceptions at individuals.

The practical side of the question is that capital punishment has never proved deterrent. The crime is increasing with the increment of the population. On the other hand, these terrible men can be useful in other places after their transportation. Look at the condition of the Andaman Islands.

Life for life is the inculcation of vengeance. The murderer for his serious mistake takes the penalty of death. The question is, are we to commit the same mistake for our revengeful conduct? The murderer is a revengeful man and so are the legislators. If

the culprit has no right to take the life of a person, then, what right have we to take his life. Social exigency has never proved that capital punishment has necessity. Without it remorse may come on during the life of the culprit.

Medicine and the Law.

Medical Men under no obligation to attend Patients.

The *Lancet*, November 17, writes:

"At a recent inquest at Wolverhampton evidence was given that a medical man who was called upon and asked to attend the deceased late at night refused on the ground that he was too tired, and as the jury seemed to be inclined to condemn him for his refusal the coroner very rightly pointed out that a medical man is under no obligation to respond to the summons of any person who may desire his attendance. Two or three other facts mentioned in this case are worth noting. The practitioner in question had on a previous occasion attended the same patient and had received for his advice and a bottle of medicine the sum of 1s. The deceased had recently been removed by his relatives from the workhouse. The coroner, after hearing the evidence, told the jury that there were other medical men in the district who might have been asked to attend but were not; that he had no doubt that medical aid could have made no difference to the result; and that the patient would have been better attended had he been allowed to stay in the workhouse. There are members of the public who blame a medical practitioner in such circumstances as those described but who forget that he has his living to earn and his own health and the welfare of his patients to consider; that the Poor-law is organised with a view to provide medical aid to the poor; and that if medical men are to convert themselves, so to speak, into "charitable institutions" even these as a rule are allowed to regulate their alms according to their resources or their discretion and are not compelled to relieve all applicants without power to refuse or to discriminate."

Even in India it is thought that medical men are in duty bound to attend a case when they are called. The mistake is that the people in general do not take into consideration that practitioners of medicine have many difficulties which prohibit them to attend all kinds of cases at all hours, except physical infirmities. There are various circumstances which should be taken into consideration.

The Depositions and Declarations of Deceased Persons.

In the proceedings now pending against a prisoner charged with murder by the performance of an illegal operation, Counsel for the Treasury has called attention to the difficulty which besets the reception of evidence as to statements made by the deceased and bearing on the charge. The depositions of a deceased witness or of one too ill to attend the trial may be read in court if the evidence has originally been given on oath before a magistrate in the presence of the accused and with full opportunity for cross-examination. These conditions naturally must often be impossible to fulfil in the case of a person dying as the result of a crime. On the other hand, evidence of a statement, or as it is popularly called, a "dying declaration," made by a deceased person whose death is subject of inquiry upon a charge of murder or of manslaughter may be received if the deceased when making the statement did so with a "settled hopeless expectation of death." Anyone to whom such a statement is proved to have been made can give evidence with regard to it. The condition, however, mentioned above that the patient knows himself to be dying and has no hope of recovery is not easily established. As Mr. Muir, appearing for the Treasury in the case referred to above, observed, medical men naturally abstain from telling their patients that they are dying even when there is no hope of their recovery, and he might have added that persons to whom such information might be given are frequently not in a condition to volunteer a very definite account of what has happened, nor would it be humane to ply them with questions. The admissibility of statements of this latter class is, of course, based on the belief that a person in the presence of imminent death would shrink from telling an untruth, although not put upon his oath or subjected to cross-examination."

The value of a dying declaration depends on the fact that it should be an authentic statement before reliable persons. In cases where there is almost no hope to save the life of the man, the medical attendant is in duty bound to inform of the apprehended danger to the most interested person of the family as to the danger about the life of the patient.

CLINICAL RECORD.

Indian.

Cases by Dr. H. C. Ray Chaudhuri.

1. A CASE OF DOUBLE VISION.

Babu—————'s wife, aged 50, residing at Dixon's Lane, was suffering from double vision of both the eyes for about a week. No other cause could be ascertained except an attack of cold, as she was accustomed to bathe almost every morning. Slight squinting of the two eyes was a noticeable feature. With the diplopia she had vertigo, lachrymation more in the left eye than in the right, and the *vision of a net swimming before the eyes*, which she expressed as the sight passing through a veil. I saw her on the 19th September, 1906. *Carbo Animalis* 12 dec. was administered.

20th. She was feeling better with regard to her vision.

23rd. It was reported that she got rid of her complaints. The medicine was continued for a week.

Remarks.

It is evident that the medicine *Carbo Animalis* was administered for the characteristic symptom of *vision of a net swimming before the eyes*. The other symptoms as vertigo and lachrymation were covered also by the medicament. As far as I am aware of, no case of diplopia cured by *Carbo Animalis* has been recorded. It shows how the characteristic symptoms favour us in our selection of remedies.

2. A CASE OF HEADACHE.

Babu—————'s wife aged about 56, living in Serpentine Lane, was suffering from headache for the last five months. She took various allopathic medicines and quack nostrums. Nothing could give her relief. Her headache was of a peculiar character. It commenced from the morning and ceased in the evening. At night there was no headache. The disease attacked both the sides. By using *Ammonium Muridticum* 6 dec. and *Spigelia* 3 dec. the right side was relieved. The left side of the head was as bad as before. She felt relief by pressure on the vertex during headache. I prescribed *Bryonia* 6. dec. on the 21st October, 1906. From that day she began to feel better and was cured within a week.

Remarks.

The peculiar kind of headache, which begins from the morning and lasts till the evening are common in this country. Most of the cases are cured by either *Ammonium Muridticum* or *Spigelia*. On their failure, *Bryonia* was selected for the following symptoms, *Aching beginning in morning on first opening and moving eyes; aching in morning after rising; outward pressure and desire to lie down; relief by lying on the painful side (Bell. has the contrary).*

In this case there were all the recorded symptoms, with the addition of relief by pressure.

3. A CASE OF MALARIOUS FEVER.

MR. ———— aged about 30, residing in Park Street, contracted malarious fever from Purnea where he went on business. On each return of fever he had nausea and bilious vomiting, and the nausea would continue for a long time even after the cessation of fever. The attacks of the fever were irregular. He used quinine but with little effect. I saw him on the 18th October, 1906 and prescribed *Ipec.* 6 dec. The medicament could cut short the fever and on its cessation *Ars.* 30 was administered, with the effect that the fever did not return.

Remarks.

The known fact is that *Ipecac* is a potent medicine when there is nausea and vomiting. *Arsenic* has the power to arrest malarious fevers when *Ipecac* can not perform the task.

Foreign.

THE THERAPEUTICS OF GASTRIC ULCER.

By MAURICE WORCESTER-TURNER, M.D., Brookline. Mass.

Acet. ac., Agar., Ant. tar., Arg. nit., *Ars.*, *Ars. iod.*, Bar. c., Calc., Calc. ars., Cann. s., Carb. ac., China., Crotal., (Cup. ars., Gamb., Hydras., Illic., Kali. bi., Kali. iod., Kreos., Lach., Lachn., Magn. c., Magn. m., Merc. cor., Merc. sol., Mez., Nat. ph., Nit. ac., nux. v., Phos., Puls., Ratan., Sal. ac., Sang., Silica., Sinap. n., Spong., Stann., Sul. ac., Syph., Uran. nit.

The treatment of gastric or duodenal ulcer in the acute stage is essentially that of gastric hemorrhage plus gastralgia, as the diagnostic features of stomach ulcer are not complete without hematemesis and stomach pain.

While surgery may be called upon for assistance in unyielding cases of peptic ulcer, it is of medicinal measures alone I wish to speak first on account of the feeling one always has that medicines should be all sufficient in the acute attack, and, second, because of the underlying chronic state, which is persistent in spite of careful hygienic and dietetic regimen, and can hardly be cured without medicine.

That only one of the chronic miasms is the fundamental condition is doubtful; gastric ulcer seems to be a manifestation under either of two of the chronic diseases, and, possibly, there may be a complex of these two or even of all three, in some cases of ulcer of the stomach. Syco-sis could be excluded in the cases I have treated, as its characteristics were wanting.

The remedies showing in their pathogeneses diagnostic symptoms of this lesion are few; under the rubric of ulcer of the stomach, or its equivalent, I find grouped in the repertories and other reference books, the names of only forty-two remedies. But when we add those found under gastric hemorrhage and gastralgia, the number is immensely increased, and we see at once the possibilities in the whole materia medica to meet the individual expression of symptoms, which occurs in this as in other diseases.

Three propositions contain concisely the essentials of treatment in this affection:

First—Medicinal treatment of gastric ulcer is as effective, and no more difficult, than medicinal treatment in any other internal hemorrhage; provided that care be exercised as to rest of the stomach as well as the body; as to feeding, first rectal, later by the mouth; and as to motion of the arms and exercise in general.

Second—The remedy in the acute stage is to be selected by means of those signs, mostly local, suggested by the words, "where," "how," "when;" not forgetting the general, including the mental, symptoms; and

Third—The after treatment should be in accordance with Hahnemann's teaching as to chronic diseases.

The following brief outline of a case shows clear cut indications for the remedy and its rapid and permanent action:

Miss N., forty years old, presented herself for treatment in August, 1896. She had been a nurse in a New York hospital, and said that in 1884 she received a specific infection through the hand, but whether blameless or not does not concern us.

She experienced the usual secondary symptoms and was given the routine treatment of Hydrargirum and Kali iodide, as witness copies of prescriptions in my possession.

Later various conditions developed; in 1888 she had the first gastric hemorrhage; there were recurrences and all the diagnostic signs of ulcer at the pylorus were present, with thickening around the orifice.

About a month after I saw her first, a hemorrhage occurred; fortunately I had obtained a good record of previous attacks, so, with the symptoms of this one added, the choice of the remedy was not difficult; the indications were—the attack coming in the evening after dancing, associated with considerable pain. First food was vomited with some darkish blood, later "coffee ground" vomitus, flatulent eructations, thirst. A cool compress over the stomach was a comfort and a drink of cold water relieved the vomiting temporarily several times.

After restricting her diet, one dose, dry on the tongue, of Phos. cm. (Swan) was given and the trouble rapidly cleared away. Up to the time I saw her last, nearly two years later, in May, 1898, there had been no recurrence and no more medicine given for stomach conditions. I wish she had paid her bill!

A better and more interesting case is the following which has been under care to the present time.

Mr. B., now 59 years old, a painter and decorator, came to me seven years ago, in 1899, complaining of chronic gastric dyspepsia. Some fifteen or twenty years before that, he, for some years, abused his stomach, as to kinds of food and regularity of taking it, and had several attacks of lead colic, which remembering his business, was not strange, and his stomach of rather abdomen, has been his "weak spot" ever since.

He responded well to remedies and gradually improved but each autumn would see a recurrence, due to irregular meals during the summer when his family were away, for, though cautioned each year, he would forget and fall into the old habits of improper food and hasty eating.

In September, 1903, he called me back from my vacation having been taken with pain in the scrobiculus and a slight hematemesis. The nearest physician, an allopath, had been called who made a diagnosis of hepatic cancer, promptly injected morphine in such quantity that even he declined to give more, and afraid that the patient would die, suggested that they send for me.

Mr. B's condition then called for Plumbum met., which being given in the 200th (Dunham,) a number of doses in water, and the diet regulated, he rapidly recovered and the next winter was in good health, which continued until the end of 1904; then he slowly grew worse so that in the winter, while he was able to take his Mediterranean trip, yet he was seldom without discomfort being obliged constantly to give support to the abdomen with his hand.

Nevertheless after that he improved, was comfortable through the summer and seemed well when I went away September 1st, 1905.

Imagine my surprise at being telephoned for, and, on returning, to find his condition similar to that of two years before, only worse.

It seems that he went to his summer home and felt so well that he mowed, played quoits and picked apples. The next day he had severe stomach pain, then a copious vomiting of grumous blood and relief. He came back to Brook-line, was well for three days, then strained himself again by driving a horse and lifting a heavy hitching weight, so that the pain and vomiting returned.

A physician was called who gave Verat. alb., on account of the collapse, then, as the pain did not abate, Codein, a sixth and later an eighth of a grain hypodermically; also ordering rectal feeding of Bovinine.

He had been sick a week when I saw him at one-thirty in the afternoon of September 18th.

He was lying very quietly, supine, in bed, his face pallid and drawn; having lost much flesh especially about the neck and chest. The skin, in spite of the warm day, was very cold and dry, yet he uncovered as much as possible, the neck of his night shirt being wide open, the sleeves pulled up, the bed clothes thrown back, and windows all open.

Suddenly he moved his finger, his daughter held a small basin under his chin, and without effort, not even turning his head, several mouthfuls of black, frothy mucus welled up. There was no nausea nor vomiting, nor exertion, merely a regurgitation. This was repeated at short intervals; the regurgitated fluid left an uncomfortable feeling in the stomach not exactly a pain.

He complained of being very weak with only slight pain now, although the day before it was very severe, and with it a pain in the right chest above the clavicle. But while the pain was less it was

by no means gone, for any motion causing the abdominal muscles to contract, brought it back.

His tongue was blackish; temperature 97°; pulse 96, quite full and regular; no dejection for three days; urine suppressed. Of thirst there was a little for cold water, but hot water quenched it as well although by preference he took small pieces of ice.

The abdomen was not sensitive to touch nor tense as it had been during the severe pain. Over the scrobiculus and under the right short ribs was a tender area; in the latter place a feeling as of flatus accumulated with increase of pain which diminished if the gas gradually gurgled away. This movement of the gas might be induced by pressing or rubbing but it often seemed incorrigible and there was much suffering until it did move.

The condition evidently was a continued oozing from a ruptured gastric or duodenal vessel which neither the Codein nor yet the Verat. alb. had checked. In fact the *dry coldness of the skin* as well as the *desire to uncover* excluded the latter remedy, while, of course, Codein never was indicated homœopathically, though in its pathogenesis it has "violent spasmodic gastralgia, at the pit of the stomach, with nausea and vomiting."

The peculiar symptom of the case was the *regurgitation of blood without nausea*, virtually *vomiting without nausea*. Boger's Bonninghausen, the only repertory in which I found it in exactly that way, gives Ars., Graph., Verat. alb., Zinc. (p. 364); and Allen's General Symptom Register of the Materia Medica has, under "vomiting without previous nausea," Apom., Merc.c., (p. 1303). I have since discovered in the Guiding Symptoms in Phos., (p. 344), "Up-rising of food; without nausea; in mouthfuls," and Secale, (p. 251) has "vomiting, painless and without effort," which is very similar to the condition in the case.

Fortunately there were other indications available, notably the desire to uncover with the cold, dry skin.

I did not give a remedy until evening, deeming it best to look up the case; when I saw him then the confirmatory symptom of tingling in the limbs was noted; so the prescription diagnostic signs were:

Passive "coffee ground" hemorrhage. The patient lies still. Great weakness. Skin dry and cold. Desire to uncover. No pain. Abdomen soft. Tingling in the limbs.

At eight o'clock he received a dose of Secale 200th (Dunham) dry on the tongue, another at ten, followed by placebo, dry. The report next morning was, "no vomiting nor regurgitation since four o'clock, urine eight ounces." At one that afternoon, September 19th, the vomiting returned with the same characteristics; then again two doses of Secale 200th were given dry, and at eight in the evening the vomiting ceased.

After that improvement occurred, gradual as to strength, rapid as to amount of urine which after two days was forty-three ounces in twenty-four hours. Later a urinalysis showed a passive renal hyperemia.

Although there were two tarry dejections in the morning of September 21st, yet rectal feeding was then discontinued because of the irritation it caused; mouth feeding being resumed with good results. Beef juice was given first, then cautiously were added egg albumen, scraped raw beef, raw oysters with a drop of lemon juice, lettuce sand-wiches the bread cut thin, olives, milk toast, all to be chewed very thoroughly, and finally wheat gruel with milk. Water he had from the beginning. While food did not distress, there was at times considerable stomach gas usually raised easily, but the symptom which gave us anxiety during the first week was singultus.

He sat up first September 22nd, and against orders, went down stairs on the 30th, consequently he had another vomiting of about a pint of blood. Once more Secale 200th was given, one dose dry. This was the last hemorrhage; after two days in bed, with rectal feeding, food by the mouth was given as before. From this on he gained, was on the piazza all day, and walked more, but not until October 27th did he take his first ride and it was November 27th before he was able to walk, a half mile, to my office.

After the Secale given for the last hemorrhage he received October 4th a few doses of China 200th, and later Lyc., Plumb., Sul., all in the same potency.

With the improvement two states, or groups of symptoms, remained, the first evidently representing the underlying chronic miasm, was the discomfort in the right side with accumulation and finally movement of gas. Superimposed was a second state, a mental condition of confusion, inability to apply the mind and depression of spirits; slowly was added, wakefulness at night with acuteness of hearing. Most of this being found under Codein, in the Guiding Symptoms, the balance occurring in the proving of Opium. It seemed fair to infer that it all was the result of the hypodermic injections of Codein as that drug is one of the alkaloids of opium.

For the following reasons I decided to prescribe for the second group, first, if the condition were a result of drugging an antidote was in order. Second, the mental symptoms always significant, were here striking; and, third, most important, this group comprised the symptoms last developed, the "completed picture," consequently their "rank of value" as Hering expressed it was far above any other symptoms, so that in prescribing for them the whole condition would be covered.

Therefore he was given not an antidote for Opium in the general understanding of the word; as the symptoms were not vague they were plainly calling for opium itself; and, as we sometimes find that the remedy "high" will antidote its own effects when previously given "low or in the crude", he was given one dose of Opium 200th (Dunham), dry, on October 21st. Then this complex slowly vanished together with the constipation and hemorrhoids.

Simultaneously with the improvement an eruption appeared over both sides, a slight redness under the skin itching particularly on undressing and during the night, which gradually became petechial.

It was left alone and slowly faded, the disappearance being permanent.

Opium being a short acting remedy, there was no use in waiting for a prolonged effect as by the end of two weeks it seemed to have accomplished all it was able, neither was there any use in repeating it, for the discomfort in the right side remained, in other words the action of the Opium was purely antidotal leaving the case clear for further study.

A stronger reason against its repetition was the development of a new symptom. Besides this several had disappeared so the whole picture was changed, and therefore another remedy was required. In its selection the new indication was, of course, the guide.

The new symptom was, *a sensation of pulling in the right hypochondrium when lying on the left side, relieved by lying on the right side.* Note, please, that this was not exactly "amelioration lying on the painful side," because until he lay or turned on the left side there was no discomfort.

The three remedies having this symptom, Magn. m., Natr. s., Ptel., all have it in connection with hepatic disease from which the patient was free, so that it was with difficulty that the remedy was chosen. Finally the dragging came more towards morning, waking him about 4 o'clock; because of that and the agreement of many of the remaining symptoms with those of Ptelea Trifoliata, on November 29, a dose dry, of the 50m. (Fincke) was given.

Although three days later he reported improvement yet on December 7th., the right sided dragging being worse, I repeated Ptelea in the same potency and dose. This I believe was unnecessary it probably being the "seventh day aggravation," but be that as it may, he now made a longer gain.

I felt that the similimum had been found, but such was not the case; a new symptom arose, *sweat at night, only during sleep, ceasing on waking;* the fermentation in the stomach and intestine with flatulence continued, constipation returning.

To avoid further details it is enough to say that finally his remedy was found by taking the list of known antidotes of lead, particularly remedies for lead colic, and studying those he had not received in the years prior to this attack. They were three, Plat., Sul. ac., Zinc. m.; of these Platinum covered fairly well, having "sweat during sleep, dry skin on waking," "fermentation in stomach, flatulence and constipation," but more than all "gripping in region of pit of stomach, immediately followed by pressure downwards towards lower abdo-

men, like a sensation of flatulence," also "obstinate incarceration of flatus."

On December 22nd he received a dose, dry, of Platinum 50m. (Fincke); it was repeated in the same potency and dose which has not been changed, being still effective, on Jan. 20th, 1906, an interval of twenty-nine days; on March 6th, an interval of forty five days; again on May 15th, an interval this time of seventy days. As its duration of action is five or six weeks, the effect of the last two prescriptions lasted as long as could be expected. Since May 15th there has been a still longer time of improvement with no repetition necessary to the present time.

Intercurrent remedies, since he was put on Platinum, have been *Allium cepa*, two doses, respectively 200th and 1m. for colds; two doses of *Rhus* 200th for "Brown Tailed Moths;" one dose of *Cham.* 200th for an attack of morning vomiting, probably induced by coffee he had been told to avoid, and one dose of *Rhus* 1m, for a strain of the back muscles from cranking his automobile.

He is well and strong, his color is good, he is in as much flesh as ever in his life; attends to business; can eat anything without discomfort, but on account of the dyspepsia he used to have at night his supper is restricted to two things, wheat gruel and home made beef tea, one or both, as he feels the need. After dinner, the noon meal with him, he lies down for half an hour to an hour.

In conclusion I only wish to add that in this, as I believe is true of every case, it was only necessary to aim at, to prescribe for, the individual behind the disease.—*THE Medical Advance*, October 1906.

Gleanings from Contemporary Literature.

LYCOPodium: A PRACTICAL STUDY.

By P. W. SHEDD, M.D., New York.

"Lycopodium is used only as a non-adhesive powder for the protection of moist pills from sticking together, and for dusting upon excoriated places—to protect the surface and to prevent chafing; its action in both cases wholly mechanical."—*Reference Handbook of the Medical Sciences*. Here we have the final dictum of traditional medicine.

Let us quote from Copeland's genial article. "In Defense of the Attenuated Drug:" "The sizes of various cells differ greatly but, with the largest we are dealing with a microscopic object. When one begins to estimate the size of a cell, and to compute the number to be found in one human being, he is overwhelmed by the magnitude of his task. In the liver, for instance, the cell ranges in size from seventy to one hundred cubic microns. The micron, measuring 1-25,000 of an inch, it is estimated that a cubic inch of liver contains about 150,000 million cells. Accepting Gantier's estimate that the white of-an-egg molecule contains five or six thousand atoms, and that the liver-cell is four thousand times the diameter assumed for the albumin molecule, the number of living units in a single microscopic liver cell must be placed at above 64,000 millions, and the total number of atoms at about three hundred million millions. It is not a far cry to state that any drug to be of possible value to such an infinitesimal organism must be presented in most minute form."

And by the homœopathic process of attenuation and succession the "dusting-powder," lycopodium, is transmuted into a potent, systemic, therapeutic agent, due thanks being rendered to S. Hahnemann, M. D., (1755-1844).

We begin with the liver in studying lycopodium and soon discover that the chiefest action of the drug is directly or derivatively based upon the great gland of the organism. If we revert to the medieval doctrine of signatures there is found a curious resemblance between the polyhedral or rhomboid liver-cell and the spherotetrahedral lycopodium spore. Turning back, also, to the theories of a humoral pathology, we observe melancholia (melas, black; chole, bile) attributed to the excess of a secretion solely hepatic, and in the drug pathogeny are found: melancholy, depression, sadness, despondency, anxiety predominant; weakness of memory and confusion of thought; digestive disturbances harking back to hepatic imbalance,—the bile with its natural antiseptic powers is abnormal; fermentative processes, enzymotic or bacterial are no longer held in check, and flatulence, one of the great lycopodium keynotes, develops. The right-sided action of lycopodium further points to its organotherapy (even the renal colic is right-sided). Again, the natural purgative power of normal bile is lacking, and another great keynote crops up in the lycopodium pathogenesis; constipation. The mental processes of the lycopodium patient

are dependent upon hepatic function or lack of function, for few individuals with normal hepatic secretions live in a lycopodium mental atmosphere. Perverted metabolism, known as the gouty or rheumatic or uric acid diathesis, goes back to the great clearing-house of the system, the liver, and the red sand of lycopodium (uric acid crystals) which often gives a macroscopic glint to the renal excretion, has no renal but a hepatic etiology. In fact, there are few lycopodium symptoms which are not, directly or indirectly attributable to the hepatic abnormality and the clinician is justified in regarding lycopodium as an organ remedy.

The characteristic lycopodium face is a liver face, furrowed, wrinkled, sallow, yellowish-gray, eyes sunken and darkly circled. The patient is temperamentally of easy irritability, quickly angered (but not looking for trouble like *nux vomica*), domineering, imperious, or else sinks into blackest melancholy, forgetful, listless, vegetative.

Objectively, the liver is sensitive to touch; tensive or constructive pains about the hypochondria; ascites may often be traced to the cirrhotic organ and its dropsies are characteristically located in the lower body below the portal-hepatic region, abdomen blooded, legs swollen, ulcers oozing a serum or, a serous fluid may transude through the epiderm and trickle down.

A peculiar characteristic objective symptom of lycopodium is that one foot, the right, is warm or hot; the other, cold, a feature noted by Farrington in typhoid, pneumonia, scarlatina.

Lycopodium, affecting so basic an organ as the liver-gland, is notably adapted to deep-seated, progressive, chronic diseases, and a homœopathic axiom, due to a century's clinical experience, commends the use of a remedy more generally constitutional, such as sulphur or calcarea, before beginning what is practically organotherapy,

With an organ as concerned in metabolism as the liver, epidermal manifestations will hardly be lacking, and we find suppurating varices; vegetation; chronic urticaria; gnawing and itching in the daytime on getting heated, or in the evening before retiring; itching liver-spots; large boils returning periodically; fistulæ, especially about the arms; intertrigo of children, the sore places are humid; corrosive vesicles; great dryness of the skin.

A clinical symptomatology will be of practical value—there are several ways of studying a drug—and under the following index clinica are grouped conditions (not theories) in which lycopodium is efficient.

INDEX CLINICA

Amenorrhea: Suppression from a fright; (*aconite*); great vascular agitation in the evening, or, a feeling as though the circulation had ceased; great desire for sweets (*argentum nit.*); sour belching; great fulness in stomach and bowels; liver-spots on the chest.

Ascites: In liver disease; from abuse of alcohol; in intermittents; oozing out of water from sore places in the lower limbs without formation of pus; urine scanty, with red sediment; upper body emaciated; lower swollen; one foot hot, the other cold; restless sleep; cross on awakening.

Cephalalgia : Pains chiefly pressive, lacerating; in forehead and temples with great restlessness and disposition to faint; worse in the afternoon; gastric, bilious and rheumatic headaches. Headache over the eyes immediately after breakfast.

Cerebro-spinal meningitis : Headache with pain extending down the neck; hyperesthesia of the special senses; dyspnea with fan-like motion of alae nasi (not necessarily synchronous with or even accompanying respiration—the nose may be stopped up); sense of constriction in stomach and abdomen; numb and twitching limbs; dreads to be alone; peevish after sleep.

Constipation : Ineffectual urging owing to contraction of rectum and sphincters; distressing pain in the rectum for hours after stool; excessive and painful accumulation of flatus; red sandy (uric acid) deposit in the urine.

Crusta lactea : (Seborrhea of the scalp): Thick crusts, cracked surface; skin dry; excoriations; worse at night and from warmth.

Cystitis : Dull pressive pains in bladder and abdomen. Urine turbid, milky, depositing a thick purulent sediment of nauseating odor; chronic cases; tendency to calculus formation.

Diaphragmitis : Sense of constriction from the right side all around the short ribs; cannot stretch, lie on the back nor stand erect.

Diphtheria : Fauces brownish-red, worse on the right side (beginning there), worse from swallowing warm drinks. The nose is stopped and the patient cannot breathe with the mouth closed; he keeps it open and slightly protrudes the tongue, giving a silly expression. On awakening from a nap he is exceedingly cross, or he jumps up, stares about, recognizes no one; great fear of being left alone.

Enteritis : "There exists in my knowledge, against serious enteritis (mucous) of infants but one really efficacious remedy upon which we may depend. I have the consciousness of rendering to art and to humanity a real service in pointing it out; this medicine is lycopodium (30th)" Teste.

The lycopodium organo-therapy and the great comparative size of the liver in infants seem to afford a substantial basis for Teste's clinical note. **Flatulence :** Constant rumbling and gurgling in the bowels, especially in the left iliac region; incarcerated flatulence bearing downward upon rectum and bladder; habitually constive. Bloated belly with feeling as if it would burst; belching without relief, but passing flatus downwards ameliorates.

Gravel (especially in children) : With much pain in passing the urine; the child howls on nucturating. (Cf. petroselinum, borax.)

Hemorrhoids : Varices protrude, painful, when sitting; abdominal distension and rumbling after stool; cutting in the rectum and bladder; itching eruptions about the arms, painful to the touch; grayish-yellow face; depression; frequent urging to urinate, alimy or reddish, sandy deposit in the urine.

Hepatitis: Atrophic form of nutmeg liver. Tension around the hypochondrium as from a hoop; sore aching in the liver region as from a blow, worse from contact. Hepatitis parenchymatosa slow cases; complications with pneumonia; fau-like *alæ nasi*; one foot hot, the other cold.

Impetigo or pustular eczema: The eruption yields a mild and thick secretion (*calcareæ*); smells badly and favors the growth of lice. (*Fusorium*).

Menorrhagia:* Menses profuse, too long; sad and melancholic before the period. Pains from right to left in the ovarian region. Much borborygmus; frequent twitching of the limbs; flow worse after 4 P.M.

Metrorrhagia: Intermenstrual; the effort to defecate brings on a bleeding; blood partly black, clotted; partly bright-red, partly bloody serum, with labor-like pains; distension of the abdomen in various places, moving about; lumbar pain extending into the thighs; (after 4 P.M., beginning with chilliness; sleep, restless; dreams of) falling from a height; especially indicated in women who habitually menstruate profusely.

Otorrhea: Purulent, ichorous; difficult hearing, scrofulous subjects; after scarlatina. (Nitric acid).

Phthisis: Much pus; gulps it up; cough day and night; hectic fever; circumscribed redness of the cheeks; worse, 4 to 8 P.M.; night sweats.

Pneumonia: Circumscribed redness of the face; sweat without relief; fau-like *alæ nasi*; crossness after getting awake.

Renal colic: Right-sided; colicky pains in right abdomen extending into bladder, with frequent urging to urinate; brick-dust sediment encrusting the urinal. (Follows *nux vomica* well).

Rheumatism (and gout.) Tearing pains oftener right-sided, with or without swelling. In lumbago if *bryonia* fail, and the pains are worse from the slightest motion. Chronic form in seniles, attended with forgetfulness, vertigo; sour belching; nausea in the early morning; distension; flatulence; constipation; urine dark and turbid or with red sand; dry skin; pain generally worse at night, relieved by warmth.

Syphilis: Secondary; hepetic eruptions and ulcers in the throat, dark yellow-gray; laryngeal cough and hoarseness from similar conditions in the larynx; coppery eruptions on the forehead, cachectic face; on the genitalia, dry pediculated painless condylomata; nightly pains in the limbs, especially the epiphyses, during wet weather. Low-spirited; nervous weakness.

Tubercular meningitis:* Somnolency gradually deepening into coma; convulsions either partial or general; child sleeps with half-open eyes; is very restless, throwing its head from side to side; moans and screams in sleep; face pale and cold; neck stiff; body greatly emaciated; constive. A highly important remedy in tubercular affection especially when the head is involved. (Hart).

Typhoid: Sopor; delirium; fear of solitude; restless sleep; very irritable and cross on awakening; violent jerking of the limbs, awake or asleep; yellowish sunken face, or circumscribed redness in the afternoon; tongue red and dry, sometimes spasmodically thrust to and fro; lower jaw dropped;

bowels distended, with rumbling and constipation; cold extremities; one foot cold, the other warm.

Uterine Displacements: With chronic dryness of the vagina; chronic suppression of menses from fright (Also opium); incarcerated flatulence; varicose legs; switching of single limbs on the whole body asleep or awake always very cross after sleep.

CHARACTERISTICS AND MODALITIES.

Person of good intellectual powers but feeble muscularity; lean, sallow; with a tendency to liver and lung troubles. Especially useful in seniles and children.

Urine turbid (or clear) with uric acid crystals; its odor may be vile.

Satiety after a few mouthfuls; food seems to burn to gas.

Great fear of being left alone.

Violent jerking of limbs or body, awake or asleep.

Devilish temper after an uninterrupted nap (nux, if his slumbers are disturbed.)

Worse:

4 to 8 P.M.; also 4 A.M.

On lying down.

When beginning to walk or move.

After eating oysters.

From pressure of the clothes.

From strong odors.

Better :

On becoming cold.

From uncovering.

From continuing to walk or move.

From eructations.

From warm food or drink.

From the open air.

POTENCIES

Sixth to one-thousandth.

BEDSIDE OBSERVATIONS.

Throbbing headache after every paroxysm of coughing.

Vertigo in the morning, when rising, and after, so that the patient reels to and fro.

Sees only the left half of an object distinctly.

Nose stopped, especially at night; excessive (chronic) dryness. (Sanguinaria.)

Fan-like motion of the alæ nasi, although the patient may not be breathing through the nose, or the motion may not be synchronous with respiration.

Sore throat beginning on the right side, going to the left, or beginning in the naso-pharynx and proceeding downwards. Fauces brownish-red, worse from swallowing warm drinks; dryness of the tongue.

Hungry, but soon sated; with bloating of the abdomen and rumbling.

Severe pain or backache, better by passing urine.

The urine is clear and colorless (or turbid) with red sand settling down, not adherent to vessel (sepia, adherent.)

Impotence; penis small, cold, relaxed, with or without desire. Said to be useful where twins are in demand.

Cough with salty sputum (4 to 8 P.M.)

Sweat with odor like onions. Pink sweat.

Failure of the sensorium, or memory, especially in old men,—failing brain power (anacardium, phosphorus, baryta, opium.)

Affections of throat, chest, abdomen, liver, ovaries going from right to left; all symptoms worse 4 to 8 P.M.

Exceedingly sensitive to odors, lover of flowers.

Right-sided inguinal or scrotal hernia (especially in children.)

The liver troubles are apt to be atrophic in character.

(Clinia, hypertrophic.)

A lithemic-neurasthenic remedy.

COMPARISON.

LYCOPODIUM

Burning between scapulæ.

Lean, wrinkled, yellow, seniles, or mild lymphatic, catarrhal.

Cirrhotic (atrophic) processes in the liver.

Abdomen ascitic.

Hepatic stitches.

Discharge of blood from vagina after every stool,

LYCOPODIUM

Clear (or turbid) urine with red sand.

Constipation.

Kidneys secondarily involved.

LYCOPODIUM

Predominantly scentless flatus.

Better in open air.

Better from combined motion.

Red sand in clear (or turbid) urine.

Dryness of throat without thirst.

AMMONIUM MUR.

Icy coldness between scapulæ.

Fat, sluggish subjects with respiratory troubles.

Chronic congestion of the liver.

Excessive fatty deposits around abdomen.

Splenic stitches.

Brown, slimy leucorrhœa after every urination.

BERBERIS

Urine with thick mucus; bright-red mealy sediment.

Diarrhœa.

Kidneys actively involved, with sticking, radiating pain (from motion which brings on or increases urinary complaints.

BRYONIA

Fetid flatus.

Worse in open air.

Better in wet weather (nux vomica).

Urine red, brown, like beer, scanty hot.

Dryness of entire gastro-intestinal tract, causing great thirst for cold water.

LYCOPODIUM

Right-sided headache, better from eating.
 Desire for warm drinks in digestive disturbances (lycopodium is gen. from cold)
 Extreme hunger, but soon sated.

 Skin with yellow spots; yellow-grayish, sallow complexion.
 Burning between scapulæ.
 Clear (or turbid) urine with red sand.

LYCOPODIUM

Atrophic cirrhosis of liver.
 Flatulence—lower abdomen.
 Condition steadily chronic.
 One foot cold, other hot.
 Better in open air.
 Rolling of flatulence.

LYCOPODIUM

Constipation.
 Liver sensitive.

 Has little direct neural action.

LYCOPODIUM

Chronic, progressive (basically hepatic) disease.
 Worse all the time.
 Chill between 3 and 4 P.M., followed by sweat.

 Better from motion (continued.)

LYCOPODIUM

Atrophic cirrhosis.
 Constipation.
 Dyspepsia from farinaceous or fermentable food.
 Sweat viscid, offensive; varices.
 Indurations.
 Chronic progressive disease.

CHELIDONIUM

Ditto.

 Desire for very hot drinks; the stomach will hardly retain other than very hot beverages.
 Gnawing sensation in stomach but no real hunger; all symptoms better after eating.
 Jaundiced skin.

 Constant pain under right scapula.
 Profuse, foamy, yellow urine.

CLINIA

Hypertrophic cirrhosis of liver.
 Flatulence all over abdomen.
 Periodic aggravation.
 One hand cold, other hot.
 Ditto.
 Ditto.

DIOSCOREA

Diarrhoea (A.M.).
 Sharp pains from liver (right lobe) shooting up to right nipple.
 Definitely affects the vegetative nerves causing many kinds of pain, especially colic.

• **EUPATORIUM PERF**

Cachexia from old, chronic, bilious intermittents.
 Worse periodically.
 Chill between 7 to 9 A.M., preceded by thirst, with great soreness and aching in the bones.
 Better by getting on hands and knees (cough).

• **HYDRASTIS**

Liver torpid, tender.
 Constipation.
 Cannot eat bread or vegetables.

 Tendency to profuse sweats, with unhealthy skin.
 Pre-cancerous condition.

LYCOPODIUM

Costiveness characteristic.

Gastro-intestinal canal full of gas; vomiting not notable.

Worse 4 to 8 P.M.

Dryness of mouth and tongue.

Uric acid diathesis.

LYCOPODIUM

Better from cold; open air.

Seniles with dropsical lower body and failing brain power (especially men).

Menses too late, too long.

Sallow and dropsical, 4 to 8 P.M.

Burning between scapulae after a satisfying meal.

LYCOPODIUM

Stool hard, difficult, small.

Piles very painful to the touch.

Tongue dry, cracked, black, swollen.

Urine clear (or turbid) with red sand.

Burning between scapulae.

LYCOPODIUM

Cannot eat oysters.

Tongue dry, swollen.

Metrorrhagia with stool.

Stool hard, small, difficult.

Diseases of seniles and children.

Menses too long, scanty, or profuse.

Better from cold.

Better in extended posture.

LYCOPODIUM

Face sallow, furrowed, yellow-gray, liver spots.

Mouth dry without thirst.

Costive.

Skin generally dry.

Desire for open air, cold.

IRIS

Diarrhoea characteristic.

Gastro-intestinal canal burns its whole length; vomiting characteristic and extremely sour, vinegary.

Worse evening and night.

Mouth and tongue feel scalded.

Bilious diathesis.

KALI CARB

Intolerance of cold.

Fleshy seniles with dropsical and parietic tendencies (often in women).

Menses early, profuse (calcareous) or too late and scanty.

Jaundiced and dropsical, 3 A.M.

Burning in the spine when hungry.

LEPTANDRA

Stool profuse, black, fetid.

Bleeding piles.

Tongue coated yellow, or black down the middle.

Red or orange urine.

Chilly sensation in scapulae and down the spine.

MAGNESIA MUR.

Cannot digest milk.

Tongue feels burnt, scalded.

Leucorrhoea with every stool.

Stool knotty, like sheep-dung, crumbly.

Diseases of women with chronic indigestion and uterine troubles.

Menses too short, scanty.

Worse from cold.

Better in contracted posture.

MERCURIUS.

Face pale, earthy, dirty-looking, puffy.

Mouth moist with thirst.

Diarrheic.

Skin almost constantly moist.

Patient very sensitive to cold.

Menses too late, too long.

LYCOPODIUM

After sleep cross, irritable in dry weather.

Right-sided inguinal or scrotal hernia.

Nose stopped up.

Menses too late, too long.
4 to 8 P.M.

LYCOPODIUM

Constipation.

Burning between scapulæ.

Uric acid diathesis.

Menses too late, too long.

Cirrhotic liver.

Appetite for sweets. (Argentum nit.).

Better from warm food.

Rheumatic and gouty symptoms.

Skin ulcerative, itching varicose.

Fan-like alæ nasi.

Muscular debility.

Apoplexy more frequent than paralysis.

LYCOPODIUM

Costive.

Burning between scapulæ.

4 to 8 P.M.

Teeth very painful to the touch.

Tongue dry, cracked, swollen.

Atrophic liver.

LYCOPODIUM

Cirrhotic liver.

Liver-spots.

Acts directly upon hepatic metabolism.

Dreads solitude.

Red sand in urine, non-adherent.

From cold, uncovering.

Menses profuse, with abdominal pains.

NUX VOMICA

After a nap if unbroken, in damp weather.

Inguinal or umbilical hernia.

Nose stopped up at night and out of doors.

Menses too early, long, always irregular in the morning.

PHOSPHORUS

Stool, long, narrow, difficult, or a painless large debilitating diarrhoea. Diarrhoea predominates.

Ditto.

Tubercular diathesis.

Menses too early, scanty, and too long.

Fatty degeneration of the liver.

Aversion to sweets (Graphites.)

Better from cold food.

Paralytic symptoms.

Skin ecchymotic, purpuric.

Ditto.

Nervous debility.

Paralysis more frequent than apoplexy.

PODOPHYLLUM

Diarrheic.

Pain between scapulæ.

In early morning.

Desire to press, grind the teeth together.

Tongue large, broad, moist.

Torpid liver.

SEPIA

Torpid liver.

Ditto.

Acts upon the portal & venous congestion.

Ditto.

Red adhesive sand in urine.

From cold, uncovering; a "chilly" remedy.

Menses too late, profuse.
 Burning between shoulders.
 Sour vomit predominates.
 Taciturn.

LYCOPodium

Predominantly an organ-remedy
 (hepatic).

Desire for sweets.
 Heavy red sediment in urine.
 4 to 8 P.M.
 Right-sided.
 Menses too late, long.
 Constipation.

Polyuria at night.
 Sitting erect.

The New England Medical Gazette, September, 1906.

Menses too late, scanty.
 Coldness between shoulders.
 Bitter vomit predominates.
 Loquacious.

SULPHUR

Predominantly a general, constitu-
 tional remedy.

Ditto (argenteum nit.).
 Muco-purulent urine.
 11 A.M.
 Left-sided.
 Menses too late, short.
 Constipation, but more characteris-
 tically diarrhetic (A.M.).
 Ditto.
 Sitting erect.

 SYPHILINUM.

By JAMES T. KENT, M. D., Chicago.

Whenever the symptoms that are representative of the patient himself have been suppressed in any case of syphilis, and nothing remains but weakness and a few results of the storm that has long ago or recently passed, this nosode will cause reaction and restore order and sometimes do much curing, and the symptoms that must always be present, that represent the disordered state of the economy will appear to guide to a restoration of health. When a syphilitic patient has suffered from a course of typhoid he may be very slow in convalescing, but a single dose of Syphilinum high will cause him to eat and feel stronger and gain rapidly. How does the old school treatment of syphilis differ from barbarism, one might well ask. The strong drugging by Mercurius and the Iodides so debilitate that all who pass through are invalids and weak; even then they are not cured of syphilis,—if they were cured we could not cause to come back the symptoms that have been removed. Syphilinum often does bring back the ulcers in the throat and the eruptions. When these are violent neuralgias of the head, in sides of head and over the eyes, great soreness in bones of legs and head, and the multitude of symptoms of nerve syphilis all nondescript, then it is that the patient will be made free from suffering, and given sleep, strength and appetite. But the ulcers and eruptions will come back in some cases, and it is all better if they do. It is by no means limited to patients who have had syphilis. It can be used like any remedy against the symptoms of the provings, or such as are similar to symptoms common to the disease or against the symptoms like the numerous verified clinical symptoms. Many symptoms

are worse at night in bed, many come on in the evening and last till morning. From sundown to sunrise marks the time of any violent pains and sufferings. Some are better from heat, and some are better from cold air and cold applications. There is great prostration in the morning on walking. It has cured many cases of epilepsy. Epileptic convulsions after menses. Sleeplessness, sometimes only one-half of the night, again the whole night. The blood feels hot flowing through the arteries during the night. Wandering pains here and there all over the body. Pain in the periosteum, nerves and joints. Pains sometimes increase gradually and decrease gradually. Sharp pains here and there. Complaints worse in the cold weather of winter and heat of summer. Extreme emaciation. Abscesses. Paralysis of limbs. Caries of bone. Curvature of spine. Gummata. Dwarfish children. Curvature of bones. Enlarged glands. Offensive odor of the body. Soreness to touch in many parts, especially bones. It has often been observed that in syphilized invalids remedies act but a few days and must be changed. This always calls for the nosode. When there is only great weakness and few symptoms it will act well. When there is ulceration of legs, throat, mouth or other parts with no repair. Fistulous openings, exostoses, fissures, tubercles and warts have been cured promptly. When it has been used against the primary manifestations of the disease and in the earlier phenomena it has generally resulted in failure. It is seldom the best remedy for syphilis per se, but for marked and suppressed syphilis it seems to restore a sort of order and bring better reaction. The author has many times observed that gummata in throat and anus will take on destructive ulceration in old broken down cases after Sulphur has been given, and that Syphilinum will restrain it and establish repair. Sulphur often produces prolonged aggravation when there are many tissue changes in advanced cases of syphilis. Such changes are most likely gummata. The effect of Sulphur is to remove the results of disease, which the patient cannot stand. It often causes suspicion of latent syphilis when such aggravations are very severe after Sulphur high. Sulphur low will not be followed by such results. After such prolonged aggravations Syphilinum should be considered. Latent syphilis often exists where it is least expected. This nosode should be used only in high potencies.

Forgetful. Weak minded. Laughing and weeping without cause. He cannot remember faces, names, dates, events, books or places. He cannot calculate. Despair of recovery. Melancholia. Fears he is going insane. Imbecility. Indifferent to his friends and feels no delight in anything. Dreads the night and dreads the morning, as the weakness and soreness are worse on waking. He always says he is not himself and he cannot feel like himself. A middle-aged man who had suffered many years from latent syphilis abandoned his business and remained at home lamenting and sad. His wife supported the family by keeping boarders. After receiving a few doses of Syphilinum he took on new energy and became industrious and prosperous. Much vertigo. Aphasia. * In some of these cases of brain syphilis Sulphur and Causticum have caused prolonged suffering and weakness. Syphilinum will act favorably.

Syphilitic invalids are often sufferers from violent neuralgic headaches. Violent pains in sides of head, forehead or temples. Pain from temple to temple, from ear to ear, one eye to occiput; supraorbital pains. Pains sometimes ameliorated by warmth. Bursting pains; fullness of head. Maddening pains all night, causing sleeplessness. Headache and delirium. Neuralgia of head beginning at 4 P.M., growing gradually worse until midnight and then gradually better, ceasing at daylight. Great soreness of the pericranium. Many pains are confined to a direct line and are called linear headaches. Violent crushing pains in occiput. Stupefying headaches in the forehead or occiput. Cutting pains in occiput. Headache through

the temples, thence vertically, like an inverted letter T. Headaches involving the whole top of the head as if it would be crushed in. Violent pain in whole head with red face, enlarged veins of face, restlessness and sleepless nights. Aggravated nights. Tubercles all over the scalp. Exostoses on the cranium, very sore and painful. The hair is falling out.

Paralysis of eye muscles is common. Strabismus. Diplopia. Amaurosis. Atrophy of the optic nerve. The retina is pale, gray and spotted. Myopia. Iritis. Ptosis. Paralysis of the superior oblique. Chronic recurrent phlyctenular inflammation of the cornea. Conjunctivitis with ulceration. Ulceration of the cornea. Interstitial keratitis. Spots on the cornea. Left eye covered with fungus-like growth, pain intense, aggravated at night. Acute ophthalmia neonatorum when one of the parents has had syphilis. Copious purulent discharge from eyes. Lids enormously swollen. Eyes cannot be opened because of swelling. Iritis with intense pain at night, and photophobia. Pain in eyes from sundown to sunrise. Scalding tears.

Sharp pains in ear. Purulent watery discharge from ear. Caries of mastoid. Paralysis of auditory nerve. Calcareous deposit on tympanum.

This remedy has cured many cases of offensive green or yellow discharge from nose in children with specific history. Dryness of nose; obstructed at night. Frequent attacks of coryza. Always taking cold in nose. Syphilitic ozena. Bones of nose destroyed by caries and nose depressed. The whole nose destroyed by ulceration. Epistaxis from ulcers. Hard plugs in nose.

Neuralgia of face. Paralysis of one side of face. Tubercles and copper colored eruption on face. It has palliated cancerous ulceration of face. Scabby eruption on face. It has cured rupia on the cheek. Papules and pustules. The lips are fissured and ulcerated. Ulcers on chin, lips and wing of nose. Wing and side of nose eaten away by an ulcer. It has cured many cases of lupus of face.

The teeth are deformed, distorted, spotted; decay early; cup-shaped in children. Violent pain in teeth. Crawling in the roots of the teeth like a worm.

Mouth and tongue ulcerated. Breath fetid. Tongue soft, spongy, easily indented in persons who have long taken Mercury. Paralysis of tongue, one-sided. Tongue red, excoriated, cracked and sore. Patches on tongue. Denuded patches. Red spots. Copious viscid saliva in mouth. Ulceration of soft palate. Caries of hard palate. Soft palate entirely destroyed. Bleeding from ulcers.

Throat studded with ulcers. Inflammation of throat and tonsils. Soft palate swollen and nodular. Post nasal catarrh and ulceration. Posterior nares plugged with crusts.

The appetite is perverted. Longing for strong drink. Thirst. Aversion to food, to meat. No desire to eat. All food disagrees. Flatulence. Heartburn; nausea; vomiting. Ulceration of stomach.

The rectum is the seat of many symptoms and conditions. Ulceration, fissures, piles, nodules, gummata; copious bleeding; cutting, burning pains. Condylomata. Constipation. Paralysis of rectum; prolapse of anus. Relaxed protruding rectum.

This nosode has cured nodular formations in testes, spermatic cord and scrotum. It has cured herpetic eruptions on prepuce and scrotum. Induration of testes and spermatic cord.

Nodular formations in vagina and labia. Ulceration of os uteri. Induration of cervix uteri. Copious yellow-green leucorrhœa. Leucorrhœa in little girls of specific history, acrid water; leucorrhœa aggravated nights from warmth of bed. Pain in ovaries during the night. Itching in the vulva. Sharp pains in uterus. Cystic ovaries. Ovarian tumor. Cutting

pain in ovary during coition at moment of orgasm. Uterine and ovarian complaints when there is a specific history.

Ulceration of larynx and loss of voice. Aphonia before menses. Continuous sharp pain in larynx from evening to sunrise every night compelled him to walk the floor all night; cured by Syphilinum very high, one dose.

Asthma in warm damp weather during night. Dyspnea. Attacks of spasmodic bronchial asthma for twenty-five years; at night in bed or during a thunderstorm, preventing sleep for many nights. Dyspnea from 1 to 4 A. M.

Cough at night. Dry rasping cough during the night. Rawness in chest. Thick purulent expectoration. Dry cough from lying on right side. Muco-purulent expectoration, greyish, greenish, greenish-yellow, tasteless. Clear white mucons expectoration. Rattling in the chest. Pain and pressure behind the sternum. Eruptions on the chest.

Rheumatic stiffness and lameness in back. Aching in whole spine. Pain in region of kidneys, aggravated after urinating. Pain in sacrum, aggravated while sitting. Caries in cervical and dorsal vertebrae. Enlarged glands of neck. It has cured indurated cervical glands. Pain in back, hip and thighs during the night. It has cured Hodgkin's disease.

Inflammation of joints. Rheumatism, muscles are caked in hard knots or lumps. Pain in limbs ameliorated by heat, aggravated from sunset to sunrise. Stiffness of all the joints. Rheumatic pains and swelling of joints of upper limbs. Rheumatism of deltoid, painful on raising the arm. Pains in arms on motion. Ulcers on back of hands. Nightly pain and swelling in legs. Pains in lower extremities, preventing sleep, < from hot applications, > by pouring cold water on them. Weakness in knees and hips. Severe bone aches in legs at night in bed. Pain in back of feet and toes at night in bed. Pains often < in warm bed at night. Pains drive him out of bed at night. Tearing in hip and thigh, < during night, > at day break, > by walking, not affected by weather (improved by Syph.) Ulcers on the legs. Large crusts on the legs. Tubercles on lower limbs. Tension of the tendons of the legs and soles. The extremes of cold and heat often bring out the symptoms of these old sufferers. Neuralgia of limbs gradually increasing, aggravated as the night goes on. Extreme sensitiveness of the tibia.

There are fevers, chilliness, but the night sweats and great weakness are striking.

The eruptions are numerous, but may be studied better by consulting the numerous works on syphilis, as this is not a study of the disease but the nosode.—*Medical Advance*, September, 1906.

Acknowledgments.

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ওলাউঠা চিকিৎসা।

ওলাউঠা বা কলেরা অতি সাংঘাতিক পীড়া, হোমিওপ্যাথিক যতের চিকিৎসাই ইহার একমাত্র উপায় তাহা বোধ হয় সাধারণকে আর বুঝাইতে হইবে না, তবে প্রথম হইতে সীতিমত ভাবে চিকিৎসার আবশ্যক। সেই জন্য প্রত্যেক গৃহস্থের একখানি কলেরা পুস্তক ও কিছু হোমিওপ্যাথিক ঔষধ রাখা কর্তব্য। রোগীর শয্যাপার্শ্বে বাসির বড় বড় রাশি রাশি পুস্তক হাতড়ান অপেক্ষা ইহা হইতে অতি সহজে, অতি শীঘ্র, রোগের লক্ষণ দেখিয়া ঔষধ নির্বাচন করা জের, ইহার ভাষা অতি সরল, মূল্য—১/০ আনা মাত্র।

সাধারণ মূল্য—মাদার টীং অতি ড্রাম ১০/০, ২ ড্রাম ১১/০, ১ম হইতে ১২ ক্রম পর্যাপ্ত ১০, ২ ড্রাম ১০/০, ৩০ ক্রম ১০/০, ২ ড্রাম ১১/০, এককালীম ৫- টাকার ঔষধ লইলে শতকরা ১২১১০ হিঃ কমিশন পাইবেন। পত্র লিখিলে সন্নিহিত কাটালগ পাইবেন।

বটকুক্ষ প্যান এণ্ড কোং,

১২ নং বন কিস্‌ডন্স লেন,--কলিকাতা।

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TREATMENT OF RACHIALGIA AND LUMBAGO.

(Concluded from page 17.)

ACTAEA RACEMOSA.—*Clin.* Rheumatic lumbago ; with uterine troubles. Caused by moist cold.

Path. Lumbar pain with *stiffness* ; impossibility to lie down on the back, which causes *muscular contraction* at the time. Paralytic feebleness ; he can hardly walk on.

AESCULUS HIPPOCASTANUM.—*Clin.* *Hæmorrhoidal* lumbago. Caused by *arrest of hæmorrhoidal or menstrual flux*.

Path. Constant rachialgia ; sensation of *heaviness and fulness* affecting the sacrum and hip, greatly *increasing on marching or stooping down*.

C. S. *Hæmorrhoids* with *fulness, dryness, pricking* in the rectum ; constipation.

AMMONIUM MURIATICUM.—*Clin.* Rheumatic lumbago.

Path. Lumbar pain of lumbago, *especially at night* ; painful stiffness, *forcing to walk bending down*.

ANACARDIUM. *Clin.* Rachialgia for spinal trouble.

Path. Sensation of a *pin driven in the dorsal spine* so that movement enforces sinking down ; sensation of a band tightening round the body.

C. S. *Pathological observations.*

ANTIMONIUM, TARTARICUM.—*Clin.* *Acute rheumatic lumbago.*
Third trituration is preferable.

Path. Pain in the back and in the kidneys, on sitting.

BELLADONNA.—*Clin.* *Rheumatic rachialgia.*

Path. Pain in the back as if it would burst.

BERBERIS.—*Clin.* Lumbago with urinary troubles.

Path. Sensation of contusion with pain, rigidity, numbness and painful pressure on the lumbar and renal regions; the patient on rising is attacked with difficulty. Sensation of bubbling up in the renal region. Aggravation on setting or lying down especially in bed in the morning; aggravation from shock, the action of leaping down from a carriage; by fatigue.

C. S. Urinary troubles. (See Rheumatism).

BRYONIA.—*Clin.* *Rheumatic lumbago.* Caused by dry cold.

Path. Puncturing pains aggravated by least movement; ameliorated by repose, strong pressure. (See Rheumatism).

CALCAREA CARBONICA.—*Clin.* *Rheumatic Lumbago.* Caused by work in water (after obstruction by *Rhus*).

Path. Painful stiffness of the loins; pain of duration from turning the back. Aggravation by rest; amelioration by heat.

CALCAREA FLUORICA.—*Clin.* *Chronic rheumatic lumbago.*

Path. Pains aggravate at the commencement of movement; ameliorated by prolonged movement (after *Rhus*).

CAUSTICUM.—*Clin.* *Rheumatic rachialgia.* Caused by dry cold suppression of eczematous eruption.

Path. Painful stiffness of the back and sacrum especially on rising from a seat; ameliorated by heat.

KALI CARBONICUM. *Clin.* *Chronic rheumatic rachialgia and spinal weakness.*

Path. Acute puncturing pain spreading to the buttock; sensation of great weakness in the back; the patient wishes to extend it to relieve the sensation. This rachialgia sometimes aggravates in the morning from 3 to 4 A.M.

C. S. Anaemic state in grave maladies, from loss of liquid and overwork; chilliness, rigor; sweat on the least effort.

KALI IODUM.—*Clin.* Rachialgia in *spinal affections*. Caused by spinal meningitis, especially syphilitic.

Path. Sensation that the lower part of the back is *squeezed in a vice*; pain of contusion in the loins *with difficulty to walk*.

KOBALT.—*Clin.* Rachialgia from spinal irritation. Caused by *masturbation*.

Path. Sensation of great rigidity; the lower portion of the back seems to be *tightened by a band*. Sacral pain. Weak joints. Aggravation *on sitting and on bending on the back*; amelioration by *rest and sleep*.

LYCOPodium.—*Clin.* Gouty lumbago, with *urinary troubles*; in chronic nephritis.

Path. Pain *diminishes by the evacuation of urine*. Lumbago, and at the same time pain in the nape of the neck.

C. S. Clear urine with deposit of *red sand*.

NATRUM MURIATICUM.—*Clin.* Rachialgia from *spinal irritation*.

Path. Pains greatly diminish *lying flat on the back* or *reposing on something hard*.

NUX VOMICA.—*Acute and chronic rheumatic lumbago*. Rachialgia due to *spinal irritation*. Caused by *dry cold*; *hemorrhoids*; *masturbation*.

Path. Lumbar pain aggravates *at night in bed*; he is obliged to *sit down for turning*; on standing, pain *on turning and twisting the body*. *Sitting down* is enough painful.

PETROLEUM.—*Clin.* Chronic *rheumatic rachialgia*.

Path. Pain not permitting to move, *aggravate in the morning before getting up*.

PICRICUM ACIDUM.—*Clin.* Rachialgia with *spinal weakness*.

Path. Sensation of pain and of *great lassitude* in the back and inferior extremity; sensation of *burning* (Phosphorus).

PULSATILLA.—*Clin.* Rachialgia from *spinal irritation* or *irregular menstruation*.

Path. Pain in the back with *numbness of the extremities*; the lower part of the back seems *as if tightened by a band*; *sacral*

pain. Aggravation on sitting down; on flexing on the back; on being seated; amelioration by repose.

RHUS TOXICODENDRON.—*Clin.* Rheumatic lumbago or lumbago from sprain. Caused by moisture; having been wet.

Path. Dorsal pain with stiffness; sensation of luxation aggravated by rest; on trying to rise; flexing the back; and being seated. Amelioration by continual movement or on lying down on some hard object.

STAPHYSAGRIA.—*Clin.* Rachialgia from gout or spinal irritation. Caused by masturbation.

Path. Pain in the back aggravates at night in bed and in the morning, obliging the patient to rise early.

SULPHUR.—*Clin.* Rheumatic lumbago especially chronic. Caused by hæmorrhoids; suppression of eruption.

Path. Pain with stiffness in the loins, preventing straightening; sudden inability on trying to move; aggravation on rising from seat or on being straight.

ZINCUM.—*Clin.* Rachialgia in spinal troubles. Caused by suppression of eruption.

Path. Sensation of burning along the dorsal spine; pressure on coccyx; feebleness of extremities. The pains are more intense on sitting than on walking or being in a lying position.

C. S. Nervous exhaustion; trembling; nervous movement of the feet; emaciation. Aggravation by wine and stimulants.

REPERTORY.

I. Clinical Forms.

GOUT ACUTE.—Arn., Bryo., Colch., Led., Merc., Sabina.

GOUT CHRONIC.—Ammon. phos., Antim. crud., Arg. met., Aur., Benz. ac., Berb., Calc. carb., Caust., Colch., Guaiac., Iod., Kali bich., Kalm., Led., Lith. carb., Lyco., Mangan., Plumb., Rhodo., Sarsa., Staph., Sulph.

RHEUMATISM ACUTE.—Aco., Actaea., Apis., Arn., Bryo., Canb., Cham., Chin., Colch., Dulo., Fer., Ham., Kali mur., Kali sulph., Kalm., Lao can., Led., Mangan., Merc., Nux vom., Pula., Ratan., Rhus tox., Sabin., Sang., Sticta., Sulph., Verat. vir.

RHEUMATISM CHRONIC.—Actæa., Ammon. mur., Anac., Benz. ac. Berb., Calc. carb., Calc. phos., Caulo., Caust., Colco., Dule., Fer., Guaiac., Ham., Iod., Kali iod., Kali mur., Kali sulph., Kalm., Led., Lith. carb., Lyco., Magn. carb., Mangan., Medor., Nat. mur., Nux vom., Petrol., Phyto., Plumb., Puls., Ranan., Rhodo., Rhus tox., Ruta., Sarsa., Sil., Sulph., Thuj., Verat. alb.

• **RHEUMATISM BLENNORRHOIC.**—Kali bich., Medor., Merc., Phyto., Puls., Sarsa., Sil., Thuj.

RHEUMATISM DEFORMING.—Aur., Calc. carb., Caust., Guaiac., Natrum Mur.

RHEUMATISM SYPHILITIC.—Aur., Kali iod., Merc., Phyto.

II. LOCALISATION.

(1) *General.*

ARTICULATION. Actæa., Ammon. mur., Ammon. phos., Anac. (Knee), Antim. crud., Apis, Arg. met., Arn., Aur., Benz. ac., Berb., Bryo., Calc. carb., Caulo., Caust., Chin., Colch., Iod., Kali bich., Kali iod., Kali sulph., Kalm., Lac can., Led., Lith. carb., Lyco., Magn. carb., Mangan., Medor., Natrum mur., Nux v., Petrol., Phyto., Plumb., Puls., Rhodo., Rhus t., Ruta., Sabin., Staph., Sulph., Thuj., Verat. vir.

MUSCLES. Actæa., Apis, Arn., Bell., Berb., Bryo., Colch., Fer., Magn. carb., Natrum mur., Nux v., Puls., Ranan., Sang., Sulph., Verat. v.

TISSUE FIBROUS. Ammon. mur., Caust., Natrum mur., Phyto., Rhus t.

(2) *SPECIALS.*

ARM RIGHT. Calc. carb.

ARTICULAR CARTILAGE. Arg. nit.

ANKLE. Led., Lith. carb.

BACK AND LOINS. (See *Rachialgia*).

COCCYX. Mag. carb. (See *Lumbago*).

DELTOID RIGHT. Sang.

DELTOID LEFT. Fer., Nux m.

DIGITS. Calc. carb., Caulo., Kali bich., Kalm., Natr. mur.

ELBOW. Arn., Puls., Thuj.

EXTREMITY SUPERIOR. Viol. ed. (left).

- EXTREMITTY INFERIOR. Calc. phos.
 FORE ARM. Arn.
 FOOT. Actaea, Aur., Led., Medor., Plumb., Sil., Sulph., Thuj.
 FRACTURE, LINE OF, REUNION OF. Calc. phos.
 HAMSTRING MUSCLES. Ammon. mur., Caust., Natrum mur.
 HAND. Actaea, Aur., Caulo., Medor., Natrum mur., Plumb.,
 (see *Digits*).
 HIP and THIGH. Natrum mur. Phyto. (left). Sil.
 HEEL. Ammon. mur., Led., Mangan.
 KNEE. Anac., Arg. met., Caust., Iod., Kali iod., Lith. carb.,
 Medor., Petro., Puls., Sticta, Sulph., Thuj.
 LEG. Arn., Kalm.
 MAXILLARY ARTICULATION. Caust., Petro., Rhus.
 NECK. (See *Torticolis*).
 PHALANGES. Calc. carb., Caulo., Led.
 PLANTAR FOOT. Led., Lyco., Medor., Puls., Sil.
 PERIOSTEUM and BONE. Aur., Calc. carb., Calc. phos., Kali
 iod., Led., Merc., Phyto., Rhodo., Ruta.
 SHOULDER. Calc. carb., (and back), Magn. carb. (right).
 Natrum mur., Sil. (see *Deltoid*).
 SACRO-ILLIAC ARTICULATION. Calc. phos.
 SIDE, RIGHT. Lyco.
 SUTURES. Calc. phos.
 TARSUS. Puls. (See *Foot*).
 TOES. Led., Rhodo., Sabin.
 TENDO ACHILLES. Benz. ac.
 TORTICOLIS. Actaea, Bell., Calc. phos., Colch., Dule., Lyco.,
 Nux v., Petro., Sang.
 THIGH. Arn., Kalm.
 TRUNK. Nux v., Ranan.
 WRIST. Actaea, Kali bich., Ruta., Sabin., Viola odor.

III. CAUSES.

- AUTUMN. Colch.
 CHANGE OF SEASON. Calc. phos., Dule., Ranan., Rhodo.
 CHANGE OF ELECTRICAL STATE. Rhodo.
 COLCHICUM, ABUSE OF. Led.

- COLD, DRY. Aco., Bryo., Caust., Cham. (wind). Nux v.
- COLD, MOIST. Actaea, Arn., Calc carb., Calc. phos., Dulo.,
Phyto., Rann., Rhus., Ruta.
- COLD WIND. Cham.
- COLD IN SPRING AND SUMMER. Kali bich.
- COLD DURING PERSPIRATION. Cham.
- DEBAUCHERY. Ant. crud., Nux v.
- ERUPTION, SUPPRESSED. Dulo., Sulph.
- MERCURIALISATION. Aur., Kali iod.
- OVER-DRIVING. Nux vom.
- OVER-WORK, MUSCULAR. Arn., Rhus t.
- SNOW, MELTING OF. Calc. phos.
- SYPHILIS. Aur., Kali iod., Merc.
- TRAUMATISM. Arn., Puls. (Synovitis), Rhus t. (Sprain), Ruta.
- WETTING. Calc. carb., Rhus t.
- WORK IN WATER. Calc. carb.

IV. SYMPTOMS.

- ARTHRALGIA. Arg. met.
- ATROPHY, MUSCULAR. Plumb.
- BUBBLING UP, SENSATION OF. Berb.
- COLDNESS ON THE SURFACE OF THE LIMBS. Colch. Led.
- CHANGE OF POSITION, DESIRE FOR. Arn., Rhus t.
- CLAMMINESS. Kali iod.
- CONCRETION, FIBROUS. Rhodo. (great toe).
- CONCRETIONS, URATIC. Ammon. phos., Benz. ac., Guaiac.,
Led., Lith. carb., Lyco., Staph.
- CONSTRICTION, SENSATION OF. Ammon. mur., Apis, Natrum
mur.
- CONTRACTION, MUSCULAR, WITH PRESSURE. Actaea.
- CONTRACTION AND SHORTENING OF TENDONS. Ammon. mur.,
Caust., Guaiac., Natrum mur.
- CRACKING, ARTICULAR. Benz. ac., Caust., Natrum mur.,
Petro., Thuja. (by extension).
- CRACKING ON MOVING THE HEAD. Petro.
- DEFORMATIONS. (Clinical forms).
- DIRECTION FROM BELOW UPWARDS. Led., Sulph.

DIRECTION FROM ABOVE DOWNWARDS. Kalm., Lith. carb. (pain).

ERRATIC RHEUMATISM. Colch., Kali bich., Kali sulph., Kalm., Lac can., Mangan., Plumb., Puls., Sang., Sulphur.

FEEBLENESS OF THE EXTREMITIES. Colch., Kalm., Led.

FLUCTUATION, ARTICULAR. Apis, Bryo.

FEAR TO BE TOUCHED OR HURT. Arn., Chin.

FORMICATION OF THE TOES. Colch.

GANGLION ON THE BACK AND HANDS. Plumb.

INFILTRATION WITHOUT FLUCTUATION. Kali iod.

INTERMITTENT RHEUMATISM. Chin., Chin. sulph.

ITCHINESS WITH RHEUMATISM. Lith. carb.

HEAVINESS OF THE MUSCLES, SENSATION OF. Lith. carb.

NODOSITIES, ARTICULAR. Ammon. phos., Antim. crud., Aurum, Benz. ac., Calc. carb., Iod., Led., Lith. carb., Lycop., Staph.

PARALYSIS, SENSATION OF. Caust., Cham., Plumb., Rhus t., Sil.

PAIN, SENSITIVE TO. Cham., Verat. alb.

„ **BREAKING.** Verat. alb.

„ **BURNING.** Apis, Berb., Colch.

„ **CHANGING.** Puls. (See *Erratic*).

„ **CONSTRUCTIVE.** (See *Constriction*).

„ **CRAMPY.** Actaea, Coloc.

„ **TEARING.** Aco., Berb., Bryo., Calc. carb., Caust., Colch., Kalm., Led., Mero., Plumb., Rhus t., Thuja.

„ **SHOOTING.** Aco., Actaea., Arn., Bell., Dulc., Guaiac., Natrum mur., Puls., Thuja.

„ **WITH NUMBNESS.** Aco., Cham., Colch., Led., Rhus t.

„ **WITH CHILLINESS.** Puls.

„ **OF LUXATION.** Arn., Natrum mur., Rhus t.

„ **OF BRUISE.** Arn., Actaea (nape of the neck), Hamam., Ranan., Ruta.

„ **OCCUPYING SMALL PLACES.** Kali bich.

„ **PRICKING.** Apis.

„ **PUNCTURING.** Bryo., Ranan., Sang.

„ **PRESSURE.** Chin.

PAIN GREAT, ON PRESSURE. Plumb.

„ GREAT, IN WINTER. Colch.

„ PULSATIVE. Fer., Thuj.

„ SUDDEN, UNEXPECTED. Arn., Bell., Kali bich.

„ SUPERFICIAL IN SUMMER. Colch.

„ LANCINATING. Aur., Coloc., Kali iod., Merc., Rhodo.

„ SHOOTING, DRAWING. Ammon. mur., Aur., Cham.,
Caust., Dulc., Merc., Plumb., Puls., Rhus.

„ SHARP. Bell.

„ WITH TREMBLING. Verat. alb.

„ OF SUBCUTANEOUS ULCERATION. Anac. (knee), Puls.,
Ranan., Rhus t.

„ OCCUPYING SMALL PLACE. Kali bich.

„ SENSATION OF RESTING ON PLACE VERY HARD. Arnica.

SHIVERING WITH PAIN. Puls.

SWELLING, SYNOVIAL. Apis., Bryo., Kali mur. (fibrinous),
Puls., Sulph.

„ OF THE BACK OF HANDS. Plumb.

„ HOT. Apis., Arn., Bryo., Led.

„ PALE. Bryo., Colch. (or dark red), Led., Nux v.

„ ROSY. Apis.

„ RED. Apis., Arn. (brilliant), Bell., Bryo., Chin.,
Colch., (dark or pale), Lith. carb., Mangan.,
Puls., Sabin., Sulph., Verat. vir.

STARTINGS, PAINFUL. Actaea., Chin., Colch., Puls., Sulph.
(on sleeping).

SWEAT, ABUNDANT, DOES NOT RELIEVE. Merc.

SPOTS ON THE SKIN, WITH RHEUMATISM. Kali iod., Mangan.
(bluish).

STARTING OF MUSCLES WITH THE PAIN. Natrum mur.

TENSION, CONSTRICTIVE, SENSATION OF. Ammon. mur., Apis,
Natrum mur.

TRACTION OF TENDONS ON WALKING, SENSATION OF. Ammon.
mur., Caust.

„ TREMBLING WITH PAIN. Verat. alb.

WEIGHT OF THE BODY INCREASED. Lith. carb. (swelling).

V. CONDITIONS.

- AMELIORATION BY HEAT.** Aco., Bryo., Caust., Kali bich.
(in a hot room), Magn. carb., Rhus t., Sil.
- „ BY CONSTANT CHANGE OF PLACE. Arn., Rhus t.
- „ ON LYING DOWN ON THE DISEASED PART. Bryo.
- „ ON BEING COVERED BY HOT THINGS. Sil.
- „ ON UNCOVERING. Led., Sulph. (feet).
- „ ON EMISSION OF FLATULENCE. Coloc.
- „ BY COLD. Apis, Led., Puls., Sabin., Thuj.
- „ BY CONTACT OF FRESH AIR. Sabin.
- „ BY SUFFICIENT AIR. Kali sulph., Puls.
- „ BY CONTINUED MOVEMENT. Ammon. mur.,
Dulc., Rhus t., Ruta., Thuj.
- „ BY SLOW MOVEMENT. Fer., Lyco., Puls.
- „ BY STRONG PRESSURE. Bryo., Chin., Puls.
- „ BY LEAVING THE BED AND WALKING IN THE
ROOM. Cham., Fer., Verat. alb.
- „ BY REST. Arn., Apis., Bryo., Caust., Colch.,
Guaiac., Led., Natrum mur., Nux v., Ratan.
- „ BY SWEAT. Thuj.
- „ AT THE BEGINNING OF THE MOVEMENT. Anac.,
Rhus t.
- „ BY EXTENDING THE LIMB. Thuj.
- AGGRAVATION BY HEAT.** Apis, Cham. (very often), Fer.,
Kali sulph., Led., Lyco., Merc., Phyto.,
Plumb., Puls., Thuj.
- „ BY CONTACT. Apis., Arn., Bell., Chin., Colch.,
Hamam., Ratan.
- „ ON UNCOVERING. Bell., Nux v., Rhus., Sil.
- „ BY COLD. Cham., Ruta., Sil.
- „ BY CONTACT OF FRESH AIR. Rhus t.
- „ DURING DAY. Medor.
- „ IN BED. Cham., Fer., Magn. carb., Merc.,
Sang., Sulph., Verat. alb.
- „ IN THE MORNING. Bryo. (and at night), Natrum
mur., Nux v.

AGGRAVATION BY MOVEMENT. Apis., Arn., Bryo., Caust.,
Chin., Colch., Coloc., Guaiac., Led., Ranan.

„ AT NIGHT. Aco., Actaea, Cham., Chin., Dulc.,
„ Fer., Kali iod., Led., Lyco., Merc., Phyto.,
Plumb., Puls., Sang., Sil., Sulph.

„ BY HANGING THE LIMB. Thuja.

„ IN HORIZONTAL POSITION. Bell.

„ BY PRESSURE. Actaea., Bell.

„ BY LIGHT PRESSURE. Bryo.

„ BY LONG WALK. Magn. carb.

„ BY FOOD. Dulc., Rhodo., Rhus., Thuja.

„ AT NIGHT. Bell., Bryo. (and morning), Colch.,
Dulc., Puls.

VI. CONCOMITANCES.

CUTANEOUS (GOUT WITH MANIFESTATIONS. Sulph.

EXCITEMENT, NERVOUS. Cham., Verat. alb.

FEVER AND AGITATION. Aco., Verat. vir.

GASTRIC TROUBLES. Ant.c., Calc.c., Kali bich., Magn. carb.,

Nux v.

HYSTERIC CONDITION. Actaea.

MENTAL STATE, DISTURBED. Actaea, Aur.

URINARY TROUBLES. Benz. ac., Berb., Caust., Colch., Lith.
carb., Lyco., Plumb.

URINE, CLAYEY. Berb.

„ DARK BROWN. Benz. ac.

„ WITH DEPOSIT OF MUCUS AND PUS. Lith. carb.

„ DIMINISHED. Aco., Apis., Bryo., Colch.

„ GLAIRY. Sarsa.

„ WITH STRONG SMELL. Benz. ac. (during urination),
. Calc. c. (foetid).

„ DARK RED. Aco., Bryo., Caust., Colch.

URINE WITH WHITISH SEDIMENT. Berb. (becoming red),
Calc.c., Sarsa.

„ CONTAINING URATES. Benz. ac., Berb., Caust., Lith.
carb., Lyco. (with clear urine).

UTERINE TROUBLES. Actaea., Canlo., Sabin.

VARICOSIS. Ham.

B. RACHIALGIA AND LUMBAGO.

I *Clinical Forms.*

RACHIALGIA, HAEMORRHOIDAL. Aesc., Nux v., Sulph.

„ RHEUMATIC. Actaea., Ammon. mur., Antim. t.,
Bell., Bryo., Calc. c., Calc. fl., Caust., Kali c.,
Nux v., Petro., Rhus t., Staph., Sulph.

„ FOR SPINAL TROUBLES. Anac., Kali. c., Kali
iod., Kobalt., Natrum mur., Nux v., Picric. ac.,
Puls., Staph., Zinc.

„ FOR URINARY TROUBLES. Berb., Lyco.

II. CAUSES.

COLD, MOIST. Actaea.

COLD DRY. Bryo., Caust., Nux v.

MASTURBATION. Kobalt., Nux v., Staph.

SUPPRESSION OF ERUPTION. Caust., Sulph., Zinc.

„ OF HAEMORRHOIDAL FLUX. Aesc., Nux v., Sulph.

„ OF MENSTRUAL FLUX. Aesc., Puls.

WATER, WORK IN. Calc. c., Rhus t.

III. SYMPTOMS.

BAND AROUND, SENSATION OF. Anac., Kobalt., Puls.

BUBBLING, SENSATION OF. Berb.

BREAKING, SENSATION OF. Bell.

CONTRACTION, MUSCULAR, LYING ON BACK, SENSATION OF.
Actaea.

FULNESS, SENSATION OF. Aesc.

LUMBAGO, SENSATION OF. Ammon. mur.

PAIN, BURNING. Picric ac., Zinc.

„ IN THE COCCYX. Zinc.

„ IN THE HIP. Aesc.

„ OF LUXATION. Calc. c., Rhus t.

„ OF CONTUSION. Berb., Kali iod.

„ PRESSIVE. Berb., Zinc (in the coccyx).

„ PUNCTURING. Bryo., Kali c.

„ IN THE SACRUM. Aesc., Kobalt., Puls.

PAINFULNESS, SENSATION OF. Berb., Picric ac.

PAIN IN THE SPINE, SENSATION OF. Anac.

POWER, SUDDEN LOSS OF, ON TRYING TO MOVE. Sulph.

RIGIDITY, SENSATION OF. Actaea., Ammon. mur. (forced to march bending), Berb., Calc. c., Kobalt., Rhus t., Sulph.

VICE, SENSATION TO BE IN. A. Kali iod.

WEIGHT, SENSATION OF. Aesc. •

WEAKNESS OF THE BACK, SENSATION OF. Actaea., Kali carb., Picric ac.

IV. CONDITIONS.

AMELIORATION BY HEAT. Bryo., Calc.c., Caust., Nux v.,
Rhus t.

„ BY LYING DOWN ON THE BACK. Kali c.,
Natrum mur., Rhus t.

„ BY EVACUATION OF URINE. Lyco.

„ BY CONTINUED MOVEMENT. Calc.fl., Rhus t.

„ BY STRONG PRESSURE. Bryo., Natrum mur.,
Rhus t.

„ BY REST. Bryo., Puls., Kobalt.

„ BY SLEEP. Kobalt.

AGGRAVATION BY SITTING. Nux v., Puls.

„ BY BEING SEATED. Berb., Kobalt., Puls.,
Rhus t., Zinc.

„ BY STOOPING DOWN. Aesc.

„ ON LYING DOWN. Berb. Staph.

„ ON LYING DOWN ON THE BACK. Actaea.

„ BY BEING UPRIGHT. Nux v., Sulph.

„ ON MOVING IN UPRIGHT POSITION. Calc. fl.,
Rhus t.

„ BY FATIGUE. Berb.

„ ON RISING FROM SEAT. Berb., Caust., Sulph.

„ ON ATTEMPTING TO RISE. Rhus t.

„ BY WALKING. Aesc., Kali iod.

„ IN THE MORNING IN BED. Berb., Kali c.,
Petro., Staph. (being obliged to rise).

AGGRAVATION, BY MOVEMENT. . Anac., Aesc., Bryo., Kali iod.,
Petro.

„ AT NIGHT. Ammon. mur., Nux v. (in bed),
Staph. (in bed).

„ BY FLEXING ON THE BACK. Kobalt., Puls.,
Rhus t.

„ BY REST. Calc. carb., Rhus t.

„ BY SHAKING. Berb.

„ BY TWISTING THE BODY. Nux v.

„ ON TURNING. Nux v. (obliged to sit down).

V. CONCOMITANCES.

EXTREMITY, INFERIOR, FEEBLENESS OF. Actaea., Caust.,
Picric. ac., Zinc.

KNEE, FEEBLE. Anac., Kobalt.

NAPE OF NECK, PAIN IN. Lyco.

URINARY TROUBLES. Berb., Lyco.

—*L'Art Medical.*

Meteorological Observations taken at 8 A.M. at the Indian Association for the Cultivation of Science, Calcutta.

For the Month of January 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		CLOUD.	Rainfall.
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.	Proportion.	
1	30.097	N	3.5	77.8	59.2	0	Nil.
2	30.016	W	3.0	71.5	58.0	0	"
3	30.008	E	1.8	75.8	57.5	0	"
4	30.064	W	0.9	75.8	58.4	0	"
5	30.086	W	0.9	76.0	58.4	0	"
6	30.062	W	1.0	76.0	58.2	0	"
7	30.022	W	1.3	77.0	61.5	0	"
8	30.007	S	1.5	78.0	61.0	2	"
9	30.024	W	1.0	79.8	62.1	0	"
10	30.034	N	1.2	79.8	63.5	0	"
11	30.042	W	1.1	77.8	63.5	3	"
12	30.074	N	2.1	79.1	64.5	0	"
13	30.060	N	3.6	78.0	63.0	9	"
14	30.050	W	4.0	75.4	58.4	0	"
15	30.052	N	3.0	73.8	58.0	0	"
16	30.050	W	2.2	74.5	59.2	0	"
17	30.028	E	1.9	75.5	59.2	0	"
18	30.014	N N W	2.9	77.0	60.0	0	"
19	30.004	N	3.8	77.0	60.8	0	"
20	30.002	N E	1.6	77.8	59.0	0	"
21	30.003	W	1.2	77.0	59.8	0	"
22	29.962	W	1.4	77.5	60.0	0	"
23	29.930	W	1.4	77.6	61.5	7	"
24	29.912	S S W	3.2	80.8	67.0	9	"
25	29.921	N	4.1	82.0	69.5	3	"
26	29.908	S W	3.9	83.2	71.5	9	"
27	29.832	W	2.3	83.0	71.0	9	"
28	29.848	N W	3.0	84.5	66.5	0	"
29	29.916	Calm	2.6	84.0	68.0	0	"
30	29.914	E	2.1	83.2	63.0	0	"
31	29.916	S	2.2	82.0	66.4	8	"
Mean	29.996	N W	2.2	78.3	62.0	2.0	Nil.

Remarks: The noticeable meteorological condition during the month of January was the gradual fall of the barometric pressure though the extent was not great. The prevailing wind was

N. W. The mean velocity was normal of the month. The difference between the mean maximum and minimum temperatures was 16.2.

The high mortality from cholera was the marked feature of the month. During the week ending on the 5th January it was 76. In the next week, ending on the 12th, the mortality rose to 104. In the succeeding week, ending on the 19th, it attained the high figure of 422, followed by a comparative diminution in the next week, ending on January 26th, when it came down to 361. The sudden increase of mortality from cholera can be ascribed to the vast ingress of pilgrims who came to Calcutta for ablution in the sacred river during the solar eclipse of the 14th January. They disseminated the disease and some of them paid the last penalty for violating the laws of nature.

Plague had no particular increase during the month. In the first week the mortality was 10, in the second 12, during the third 14, and in the fourth week it rose to 24.

The attack of small-pox lasted during the whole of the past year. In January the mortality rose from 10 to 25 during one week. The deaths from fever, which is a scourge in India and especially in Bengal, took away from 146 to 157 persons in a week. Mortality from bowel complaints rather increased during the last part of the month.

The relation between meteorological changes and the microbic dissemination was not manifest. So far it can be said that the prevailing north-western wind had no particular influence in suppressing the increase and spread of micro-organisms as is generally supposed.

OBITUARY.

M. L. JELOVITZ. M. D.

Reis and Rayet of February 16, 1907 records the death of a colleague and friend who with his chequered career made a mark mostly among the Parsi community of Calcutta and Bombay. He was present at the Mesopotamian plague and read a paper of his experience in the Hahnemann Society.

"We feel the death of Dr. M. L. Jelovitz as a personal loss—the death of an old friend. We knew him first as a photographer and a teacher of languages more than thirty years ago. Before he came out to India, he had been in the Crimean war and had traded in Egypt and China. From Calcutta he went to Bombay, where he set up as a Homœopathic practitioner and did very well in that line. He next went to America, and, after a regular study, took the M. D. degree from the Pennsylvania University. While in America, he had charge of a hospital in the Gynæcological department. Then he travelled in Europe and attended a course of lectures in Paris of Professor Charcot on nervous diseases. At Vienna he saw the working of the large Maternity Hospital. Returning to India, he settled in Calcutta. As a doctor, he did much better in Bombay than in Calcutta. He would amuse us with the story of an English doctor who was prosecuted for practising medicine without his qualifying certificate. His reason for suppressing diploma and appearing before the public as quack was that as such he earned more than as a duly qualified professional man. He satisfied the Magistrate that he had a diploma, but wished that it might not be made known to the public, as he would suffer much by that publication.

A Hungarian by birth, he was an American by naturalization. He was a much travelled man and had experience of many parts of the Old and the New World. With his stories of sorts and of different countries, he was an agreeable companion. He married an Italian widow in Egypt, who died in Calcutta on the 25th of August 1898 and was cremated at the Nimtola Burning Ghat. During his second visit to Calcutta, he was never well in health, being the victim of chronic bronchitis."

EDITOR'S NOTES.

The Passing of the Broom.

The *Lancet* of November 24, has the following :

"THE broom threatens soon to be as obsolete as the old copper warming-pan, judging from the number of vacuum dust removers which are being placed upon the market. The change is one which must meet with the unqualified approval of all who know what a breeding ground of disease is the common dust of our houses. Every housewife who is possessed of cleanly instincts should welcome an apparatus which removes dust instead of scattering it in all directions, lost to the senses, so to speak, for a time by its attenuation in air, only sooner or later to settle again on the shelves, pictures, curtains, and carpets, in a thin film. Moreover, the removal of dust and its collection in a receptacle by means of the vacuum cleaner permit of its absolute destruction by fire. Bacteriological science can easily demonstrate the existence of disease germs in common household dust and there is evidence of an eminently practical character that dust is otherwise a source of disease ; there could hardly be a more effectual means of spreading the infective and irritating particles than the old-fashioned broom. The method is not only insanitary but absurd from the point of view of its application. The broom may clean the surface of a carpet, chair, or curtain effectually enough, but the dust is only removed to be scattered elsewhere and to be spread over an even wider area than before. The great and important difference between the cult of the broom and the vacuum cleaner may be summed up by saying that while the former is calculated to spread disease the latter enables the dust and its pathogenic contents to be removed and destroyed by fire. The method of removing dust by means of the vacuum cleaner has therefore everything to be said in its favour and it is to be hoped that the apparatus will become so moderate in price as to be within the reach of all. The passing of the broom, when it comes to be *un fait accompli*, will be a fact of great sanitary significance."

Doubt cannot be entertained that vacuum cleaner is better than broom. Taking the economic side of the question into view, it can be said that certain modification with regard to the action of broom is still possible. Sprinkling of water before brooming may avoid many difficulties. This step is possible with regard to floor and wall. In pictures and other costly articles, the method is not applicable.

There is another side of the question. We find fault with broom because it disseminates bacilli. What then about the fashionable carpets and mattings which allow to create store house of microbes! Reformation should first begin there. Brooms must remain as necessity for the poor.

The Early Recognition of Mammary Cancer.

The *Medical Times*, of December writes the following indications of uterine cancer :

"Cheate (*Brit. Med. Jour.*, May 26, '06) gives three most important signs in the early stages: 1. A single tumor; if multiple the case is probably not cancer. 2. Retraction of the skin over the tumor. 3. Flattening of part or all of the curve of the breast over the tumor. Enlarged axillary glands are already evidences of an advanced case; in all suspected cases, however, the axillæ should be examined. If the glands are enlarged on both sides it should argue against cancer. Retraction of the nipple is also a late sign, except when the tumor lies just beneath. Hæmorrhage from the nipple on compression of the breast strongly suggests malignancy. If there is doubt an excised piece of the tumor must be examined. In order to prevent dissemination the exploratory operation should be a wide one, including the skin immediately above the tumor, and the fascia beneath."

It can not be doubted that cases of cancer are on the increase. The cause is not easy to ascertain. The early diagnosis may help to cure, for prophylactic measures are still wanting.

The Chemistry of Digestion.

The *Medical Times* of December, writes :

"Dr. Chas. D. Aaron (*Detroit Med. Jour.*) says: 'Pawlow has proved that the reaction of the food influences the closing and relaxation of the pyloric sphincter. Free hydrochloric acid in the stomach opens the pylorus. This acid acting on the intestinal mucosa reflexly closes the pylorus. Just as the pylorus closes, the pancreatic juice and bile gradually neutralize the acid chyme and this allows the free acid in the stomach to again open the pylorus and a new supply of the stomach contents enter the duodenum. On account of this great acidity the intestine is never overburdened with too much food at one time. Just as soon as a certain amount of the acid stomach con-

tents enters the duodenum the pylorus closes to prevent any more from passing through until the pancreatic juice has had time to act upon the food in the intestine. Proteids take up a great deal of hydrochloric acid and require a longer time to give a reaction for free hydrochloric acid than the carbohydrates. For this reason the pylorus opens sooner after a carbohydrate diet than a proteid diet. This knowledge is extremely valuable to us in the treatment of disease. In cases where hydrochloric acid is secreted in insufficient quantity the patients are susceptible to diarrhoea. We reason that when the pylorus relaxes and allows the stomach contents to empty itself into the duodenum, there is not enough acid in the duodenum to reflexly close the pylorus, and thus the duodenum is overburdened and the intestinal mucosa is irritated, which leads on to a condition that superinduces a chronic diarrhoea. The acid chyme poured into the duodenum stimulates the flow of the pancreatic juice. The emulsification of fat in the intestine can only take place in an alkaline medium."

The discovery of Pawlow has not only explained the fact with regard to diarrhoea for the insufficiency of the acid secretion of the stomach, but also added to our knowledge of normal digestion. The diarrhoea with acid smelling stool depends on the other hand to insufficiency of the bile and the pancreatic secretion. The closing of the pyloric sphincter is the principal mechanism.

Constitutional gout and acute attacks of gout.

The *Medical Times* of December has the following :

"Constitutional gout and acute attacks of gout are two essentially different things, declares Roethlisberger. (Jour. A.M.A.) The uric acid diathesis exists permanently; and on this soil the acute attacks develop. But the latter are infectious and more like acute articular rheumatism. If the big toe happens to be affected we speak of acute gout; otherwise of acute rheumatism. But these acute attacks are identical in nature. Uric acid retention seldom occurs in the young. To the resistance to infections enjoyed by those in and after the prime of life this author attributes the accumulation of immunizing substances within the body. The periodicity of recurrent gout may be due to some transient immunization left from one attack, which dies out in time, leaving the way clear for renewed infection. The necrosis resulting from the compression of the accumulating urates offers

a favorable soil for the development of an infectious process, which is certainly indicated in the local phenomena of an acute attack. Some infection, generally autogenous, can generally be learned in the history of a case of gout. Oftentimes the acute attack is preceded by digestive disturbances, catarrhs, bronchitis, influenza, erysipelas, or pneumonia. Not rarely premonitory pains in the limbs, palpitations and the like point to some intestinal or other focus of infection. The germs are not very virulent; nor does such a process result until after the organism has been depressed from some cause. Acute gout develops most in the spring and fall and no doubt bears a relation to the catarrhal affections of the upper air passages frequent during these seasons. Severe purging may bring on gout, probably from some superficial lesion of the intestinal epithelium. Another reason of the infectious nature of acute gout lies in the frequently swollen lymphatics on the affected limb which can sometimes be traced up the leg to the groin, where enlarged glands can be palpated. In treatment the elimination of uric acid should be favored; steps most efficacious in kidney affections should be taken. Search must be made for the focus whence arises the acute infection. Salicylates may be appropriate as antiphlogistics and also as antiseptics which latter may have to be injected directly into the affected joint. Plenty of water must be taken. This author has successfully used Bier's artificial hyperæmia. The intestinal tract must be disinfected. Natural sulphur waters may be found beneficial; acting as diuretics they are particularly useful in the uric acid diathesis. Sulphur internally is recommended; as also guaiacum and hydrochloric acid. All measures to stimulate metabolism and eliminate urates are indicated."

The difference between the constitutional and the acute gout is not perceptible. The treatment of the orthodox school is nothing but failure. In gout nothing favours so well as observation of diet. Any kind of acid increases the tendency to fresh attack. For this reason the lime juice treatment increases the liability. Cold prevents the elimination of uric acid and induces fresh seizures. Heavy diet in the evening should always be avoided. Meat, fish or egg can be sparingly taken. Vegetable diet with *chapatis* is the most suitable for the occasion when the attacks are renewed without fever.

The cost of medical education in England.

The *Medical Times* of December gives the following heavy sum for medical education in England :

“The cost of medical education in England is computed by *London Standard*. On entering one of the large medical schools in the metropolis the bare fees will amount to £30 per annum, with an addition for the first year of £20 as entrance fee—£170 to cover the five years. In addition there are fees for certain necessary practical classes and material up to fifteen guineas; books, instruments and the like will require £30 more. Forty guineas must be added for examination fees; the official register fee is £5; pocket money and lunches in town mean £30 more annually; clothes, board, lodging, etc., will cost £100 a year. So that if the student is to get through his five years he must expend nearly £900—an equivalent of nearly a thousand dollars a year. There are a great many people absolutely unqualified to practice medicine (such is the state of the law in England, as it is largely with us), who nevertheless escape this expense and labor, and practice as a physician, accepting fees. Such fees, however, cannot be recovered in the courts.”

The medical education in England has become very costly, especially for Indians. The enormous cost falls short of the quality of education that is being imparted. For this reason we should have a good medical education but less costly affair in India. The middle class in India who desire for competent education of their boys can not afford to pay the heavy sum.

Swadeshi Condensed Milk.

The following letter appeared in the *Statesman* of the 27th February, 1907 from Mr. D. Hooper of the Indian Museum :

“One of the features of the Industrial Exhibition, now closing in Calcutta, has been the appearance of tinned butter and condensed milk prepared in India and sold in the market in competition with those samples of dairy produces imported from Europe. This rising industry appears to be well established in Bombay, Ahmedabad and Calcutta, and some of the brands are well advertised in the local papers. Having been asked to adjudicate on the merits of these preparations, I considered that nothing short of a complete chemical analysis of each kind would enable a satisfactory opinion being given.

Attention was especially directed to the condensed milk in tins, since this is an important article of diet in daily use, and is frequently administered to infants and invalids. It may be stated for general information that in the manufacture of sweetened condensed milk, a high quality of cane sugar is added to the milk before concentration, and the liquid is then evaporated to the required extent. The concentration now usually practised is such that one part by weight of finished product is obtained from three parts by weight of the original milk. The amount of sugar added is about 1½ lb. to the gallon of milk. Assuming a milk of 10·31° specific gravity containing 12·5 per cent. of solids, the condensed milk would contain 37·2 per cent. of milk solids; 36·7 of added sugar, and 26·2 per cent. of water.

Four samples of tinned milk and one of milk-powder were forwarded to me by the Exhibition Committee for examination and opinion. In the table below the analysis of each sample is given, the first one on the list being the composition of genuine Swiss milk, "Milk maid" brand, which may be taken as a standard.

		Water.	Fat.	Proteids.	Milk Sugar.	Ash.	Cane-sugar by difference.
Swiss		23·7	11·0	9·7	14·6	2·3	38·7
Indian	1	19·5	7·3	11·0	15·6	2·3	44·3
"	2	29·1	8·7	7·1	10·1	1·4	43·6
"	3	22·7	7·7	6·0	8·5	1·2	53·9
"	4	26·4	5·6	5·4	7·6	1·1	53·9
"	5	21·4	6·8	5·9	8·1	1·3	76·5

From these figures it is seen that only one sample of Swadeshi condensed milk can claim to approach in nutritive properties the standard of genuine Swiss milk. The remaining four samples are deficient in the chief milk constituents and contain an excessive amount of added cane-sugar. The so-called "Milk-powder" with three parts of sugar to one of milk solids can only be regarded as a palatable confection.

This inquiry on the whole is not satisfactory to Indian condensed milk. The milk of the Indian cows does not differ much from that of the English cows, and there is no reason why the concentration should not be carried out so that an article similar to the European

brands is obtained. The chief fault I have to find in this locally condensed milk is the reprehensible dilution of the valuable milk constituents with sugar. A certain addition is allowed for purposes of preservation, but the desire for rapid profits and the absence of a Food and Drugs Act in India has perhaps encouraged some manufacturers to overstep the limits. The labels on tins of such make indicating that an admixture with four or five parts of water will give a mixture equivalent to cow's milk is therefore misleading.

I trust the publication of these results will act as a warning to manufacturers, and cause an improvement in the standard of their preparations. It is kinder to my friends at the Exhibition to point out these defects with this object rather than an important industry should grow up discredited, perhaps through ignorance on the part of the manufacturer."

Mr. Hooper has compared by analysis the different varieties of condensed milk. His sample of Swiss milk is far better than the ordinary foreign stuffs sold in the market. The complaint against them all is that they are prepared from skimmed milk instead of being produced from the pure unskimmed milk. The bacteriological side of the question should also be taken into consideration. The Swiss milks though chemically good may be bacteriologically bad being prepared at least six months before and having great chance of putrefaction.

CLINICAL RECORD.

Foreign.

POST-NASAL ADENOIDS.

BY DR. ROBERTSON DAY.

*Elsie Warner, age 7. Post-nasal adenoids and deafness.

June 15, 1905.—History of present illness: Cough, especially in winter, worse. Measles last year. Snore at night. Wakes with cough.

Present condition: Complete nasal obstruction. Deafness for two winters. Follicular pharyngitis. *Agraph.* 12 ter. die. *Tub.* 30 weekly.

June 29th.—Cough much better and not so deaf. Still mouth breathing—to wear chin-strap. Rep. ambo.

July 13th.—Doing very well. Not deaf now. Rep.

July 28th.—Very much better. Still a good deal of mucus. *Hydrastis* 3x ter. die.

Gertrude Willcox, age 3½.

July 13, 1905.—Rickets and syphilis. Mouth breathing and nasal obstruction. To wear chin-strap. *Agraphis* 12 ter; *Tub.* 30 weekly. Repeated through July and August.

September 11th.—Headache, earache, sore throat, coryza, stuffy nose cold. *Nux. v.* 3x 3 hrs.

September 22nd.—Earache. *Puls.* 30 ter.; *Syph.* 200 weekly.

October 6th.—Mouth is generally closed now. Ear better. Rep.

October 27th.—Fresh cold. Excoriated nares. Tonsils enlarged. *Ars. a.* 3x 2 hrs.

November 3rd.—Cough quite well. Thickness in throat. *Merc. sol.* 3 gr. i 3 hrs.

November 17th.—Very much better, breathes well through nose. Tongue clean; appetite good. Earache well. *Calc. phos.* 6 ter.

December 15th.—Still improving. Breathes well. Tongue clean. Colds last much shorter time if she takes one.

January 5, 1906.—Quite free from cold. *Calc. phos.* 6; *Tub.* 30 weekly.

April 6th.—Tonsils enlarged and cough. *Phytolac.* 1x ter.

April 20th.—Nasal catarrh. Cough. *Ars.* 3, 3 hrs.

June 22nd.—Been very much better, but for last few nights snored again. Tonsils still enlarged. *Baryta iod.* 12 ter.

June 29th.—Glands of neck tender. *Phytolac.* 2x and Glyc. of *Phytolac.*

September 14th.—Tonsils smaller.

October 5th.—Follicular pharyngitis. *Calc. phos.* 12.

Frank Middleton, age 5.

November 5, 1905.—History of present illness: Nasal obstruction and great difficulty in breathing at night. Mouth breathing. Otorrhea.

Present condition: Nasal discharge and obstruction. *Agraphis* 12 ter. *Hydrastis* spray and chin-strap.

November 9th.—Breathes much better. Otorrhea and earache.

Puls. 3x 2 hrs. Rep. *Hydrastis* spray.

November 16th.—Much better. Keeps his mouth closed now and breathes well. Ear ceased discharging. There is now some pain in right ear but no discharge.

November 24th.—Very much better. No nasal catarrh. Pharynx normal. Breathes through nose. No pain in ears, but left discharges pus. *Silica* 12 ter.

December 8th.—Very much better, has discharge from ear. Rep. *Silica* 12.

December 29th.—No discharge.

February 9, 1906.—Very much better. Breathes well through nose. Some granular pharyngitis. *Calc phos.* 12 ter. and continue *Hydrastis* spray.

Thomas Pledger, age 9.

March 26, 1906.—History of previous illness: Twice operated on for adenoids at Bartholomew's and London Hospitals. Mother fears his throat is going wrong again. Snores dreadfully. Very nervous and a little deaf.

Present condition: Nasal catarrh, but can breathe through both nostrils. Follicular pharynx. *Phytolac.* 1x in miiij ter. and spray of *Phytolac.*

April 6th.—Catarrh much better. Rep.

Fred. Goodes, age 10.

January 22, 1906.—Present condition: Came for "a growth in his nose." Unhealthy state of mucous membrane, which bleeds easily. Nasal catarrh and mouth breathing. *Calc. phos.* 12; *Tub.* 30 weekly and chin-strap.

February 16th.—Tongue furred. *Merc. sol.* 3 and *Tub.* 30.

April 20th.—Tongue white fur. *Anl. crud.* 12 ter.

May 25th.—Rep. and spray of *Hydrastis*.

June 8th.—Rep. Tongue cleaner, and generally greatly improved. James Goodes, age 7, brother of the above.

January 22, 1906.—Nasal obstruction, sent from school for dullness. His condition was very similar to that of his brother. *Calc. phos.* 12 ter; *Tub.* 30, chin-strap.

By *April 20th* so much improved that his teacher sent a message she would like to know the medicine which had made such a great improvement.

Reginald Bridge, age 7½.

July 12, 1906.—Very thick nasal discharge. Tonsils enlarged; glands enlarged. *Hep. s.* 6.

September 3rd.—Much better, no discharge. Hearing good. Breathes through nose. Tonsils smaller. *Baryta c.* 12; *Tub.* 30.

September 24th.—Much better.

October 12th.—Improvement continues. Hearing better. He had been advised by school doctor to have an operation. Rep.

Sarah Thomas, age 1.

October 6, 1905.—Had congenital syphilis and has only four teeth. Nasal obstruction and mouth breathing. *Agraphis* 12, 3 hrs.

October 20th.—Breathes through nose. Rep.

November 20th.—Doing well.

Laurence B., age 5.

First seen *September 4, 1905*, with nasal catarrh and mouth breathing. *Ara. a.* 3x, *Merc. sol.* 3, *Nux v.* 3x, *Hydrastis* spray with the use of the chin-strap, and subsequently breathing exercises were followed by the greatest benefit.

Again in *February, 1906*, took fresh cold with mouth breathing. Tonsils enlarged. Same treatment was repeated, and in addition *Phytolac.* 1x and a course of *Calc phos.* 6. He has been perfectly well all the summer.—*The Homœopathic World*, December 1906.

A TETANUS CASE.

Driver, who in falling from his cart was kicked in the foot by the horse: The wound healed rapidly, when suddenly, after every trace of the lesion had disappeared, trismus set in, permitting the passage of only liquid food, which was difficultly swallowed. There was no fever, no chills; the tongue was seen to be slightly coated; respiration somewhat labored; heart and kidneys perfectly normal, but the general state was one of complete collapse. The author had seen other similar cases but always with prodromal symptoms

of tetanus; here, none had been noted, but the contractural condition and the infection were indubitable. Consultants verified the diagnosis.

Curare 30, gtt. vi in 150 grams of water, a teaspoonful every 2 hours was given for 3 days. The muscular rigidity yielded somewhat, due to the elective action of the drug on the ultimate ramifications of motor nerves. Ciuta 15, was then administered which, acting more extensively and deeply, brought about a decided improvement so that within 15 days the patient could eat food without going into a tetanic spasm. Some exaggerated muscular tension remaining, strychnia 6, 3 globules every 3 hours soon finished the case. Dr. Comct.—*The North American Journal of Homœopathy*, December 1906.

PNEUMONIA—A CASE.

By D. RIDPATH, M.D.

Mr. B., age 25 years, joiner.

September 29, 1906.—On a foggy day attended football match. Felt cold and chilly.

September 30th.—Vomited once.

October 1st.—Was called to him and visited him 4-15 p.m. Temp. 104°. Respiration 28. He complained of cutting and stitching pain in right chest anteriorly and laterally, extending to the axilla. There was aggravation of pain on respiration and deep respiration, on coughing, on movement, and lying on right side. Amelioration when lying on the back. He had cough with rusty sputum. Desire for cold drinks. Thirst. Physical examination discovered dulness and tubular breathing at the posterior base of right lung. Dulness from right nipple to upper surface of liver anteriorly.

Selection of remedy was made as follows. The numbers after the various rubrics refer to the pages in Kent's *Repertory*, which was the one used in working out the case :—

Stitching pain lower right side, 842, *Æsc.*, *Kali c.*

< by inspiration, 839, *Kali c.*

< by deep respiration, 839, *Kali c.*

< by coughing, 823, *Kali c.*

Pain in general in chest < by motion, 819, *Kali c.*

Pain < lying on right side, 1299, *Kali c.*

Lying on painful side < 1299, *Kali c.*

Inflammation right lower lobe of lung, 812, *Kali c.*

One dose of *Kali c.* 1 m. was given in the afternoon and placebo every four hours.

October 2nd.—Morning temp. 104°. Evening temp. 103.6°. Respiration 28. The pain was less severe; patient had slept fairly well.

October 3rd.—Morning temp. 103°. Evening temp. 103.6°.

• October 4th.—Temp., mane, 102.6°; vespere, 102°. In the evening the pain in the chest was worse. Gave *Kali c.* 1m one dose.

October 5th.—Temp., mane, 99.4°; vespere, 98.4.

October 6th.—Temperature is normal and has remained so.

The dulness began to disappear rapidly after the second dose of *Kali c.*

On October 5th there were signs of resolution, and by October 7th the crepitation was nearly all gone. The whole of the inflamed lung cleared up remarkably quickly, which is the usual way when pneumonia is treated according to the rules laid down by Hahnemann in his *Organon, Chronic Diseases, and Materia Medica Pura*. No poultices were used at all. The chest was enclosed in a jacket of cotton wool. On one occasion when the pain was severe a relative applied a hot-water bottle outside the cotton wool.

Convalescence progressed steadily, and on October 27th the patient called to be seen. He stated that he felt quite well, but said he intended to go into the country for ten days before resuming work, which he did on November 5, 1906.

This case illustrates three points. *Firstly*, the cure of pneumonia, an acute disease, by the administration of the properly selected simillimum. *Secondly*, the effect of the single dose, which is not repeated till its action has ceased, when the same remedy is given, because it is still the simillimum. Had the patient presented a different set of symptoms these would have been recorded, and the case again worked out according to Hahnemann's law. *Thirdly*, this case shows that the *patient* was treated, but not the disease, although as a corroborative symptom, the rubric, inflammation of the lower lobe of right lung, p. 812 of Kent's *Repertory*, is included at the end.—The *Homœopathic World*, December 1906.

A CASE OF PEMPHIGUS CURED BY ARSENICUM.

By J. GALLEY BLACKLEY, M.B.

Physician to Skin Department, London Homœopathic Hospital.

ALTHOUGH pemphigus is by no means a common affection in this country, it is not so rare as to account for the paucity of recorded cases in our homœopathic literature. One reason for this no doubt lies in the fact that so large a proportion of chronic cases occur in the aged, and are almost invariably fatal; and few amongst us perceive the wisdom of advertising our failures. Cases of acute pemphigus (as distinct from the syphilitic form) occurring in young adults, although causing much suffering at the time, are usually followed by recovery. One such case successfully treated by merc. biniod., I have recorded elsewhere.

The following case, occurring after middle life, but in a patient who looked distinctly older than her presumed age, may fairly be classed as neither acute nor chronic, although when the duration of the whole illness (eighteen months) is taken into account, it might almost be included in the latter category.

Eliza D—, aged 52, single, by occupation a trimmingmaker, was admitted into Quin Ward on Jan. 10th, 1906, suffering from a bullous eruption. *Past history* of the case offered little that was remarkable. She had lost nearly all her teeth, and suffered at times from "indigestion and liver."

History of Present Illness.—In January, 1905, was laid up with several large "boils" in the groin, which discharged a thick yellowish fluid and bled a good deal; this gathering and discharging occurred more than once. At this time she usually felt cold, and the skin very tender, but there was no definite irritation of the skin generally. For two months before her admission, however, she had been much worse, owing to the appearance of a succession of "blood-blisters" over the trunk, limbs, scalp, and face and meanwhile she had been losing flesh steadily. The bowels had latterly been very constipated, the stools hard, lumpy, and very offensive. Had slept fairly well, and although usually a sufferer from cold extremities, she had of late felt very hot, and obliged to put her arms out of bed.

Condition of Admission.—This could only be described as "lamentable." The lower part of the back, left buttock, and left arm were covered with huge bullæ containing blood-stained fluid; some of these had broken down, showing a bright red base, and were evidently in a septic condition. On the back of the chest were one

or two smaller bullæ containing clear, straw-coloured fluid, and one a thick, yellow, semi-purulent liquid. On the forehead were several pale pink patches, evidently the remains of preceding bullæ, and over the left eyebrow was a small ulcer about the size of a spilt pea, the edges of which were sharply punched out; the upper eyelid on the same side was slightly swollen and bleeding from ruptured vesicles. Here and there scales were present, and there was oozing of a small amount of glutinous discharge, which was not offensive; neither itching nor burning was present. The skin generally was slightly hot to touch, and there was scanty perspiration. Temperature under the tongue 100.6° . Tongue dry and furred, mouth sore and ulcerated, chest and abdomen normal in every way. Pulse poor.

Jan. 11th.—Temperature 101.2° (this temperature was exceeded only once, viz., on the 30th of the same month; for the first four weeks after admission the evening temperature rarely exceeded 100° , and after this, with the exception of a few slight evening rises, it was *practically* normal).

Jan. 12th.—Tr. rhus tox. lx mij 4tis horis was ordered, the raw places to be dusted with *dermatol* powder.

Jan. 16th.—No change, except that the patient was exceedingly apathetic, and the small extent of sound skin had a dusky look. Arsen. alb. 3x gr. ij 4tis horis was substituted for the rhus tox., and the patient was placed on a water-bed.

Jan. 17th.—Seems rather better. Pulse decidedly better in quality. The raw patches left by the broken-down blebs look cleaner. Several fresh bullæ have appeared, but they contain only clear fluid without blood, and are a little more irritating.

Stained films of blood taken from the finger were kindly examined by Dr. Watkins, and gave the following differential count of leucocytes:—

Neutrophiles	...	...	...	8 per cent.
Lymphocytes (large)	...	...	...	3 „ „
Do. (small)	...	...	...	19 „ „
Eosinophiles	...	...	...	70 „ „

Stained films taken at the same time from a blister showed that the cellular elements consisted almost entirely of eosinophile cells and a few lymphocytes.

Calcium chloride in 15-grain doses was given three times a day after meals, in addition to the arsenicum.

Jan. 23rd.—Much better; pulse good, and she feels stronger. Some of the patches on the back are healing now that she has been placed on the water-bed, and one or two fresh blebs filled with blood-stained serum have made their appearance. Coagulation-time (taken with Wright's coagulometer) was found not to exceed $3\frac{1}{4}$ minutes. The calcium chloride was accordingly discontinued; the dose of arsen. 3x was increased to 5 grains, and quin. sulph. lx gr. j was given alternately with it (the latter was, however, discontinued after a few days, and arsenicum alone given persistently for the next four weeks).

Jan. 28th.—Quality of pulse improving: regular and of medium tension; takes food well and sleeps excellently.

Feb. 7th.—General condition improving; ankles and face are still the worst parts of the skin, but they also are beginning to heal. Has a bulla on hard palate about the size of a horse-bean.

Feb. 14th.—Very much better. No fresh vesicles anywhere except on the roof of the mouth. Pulse tension much improved.

Feb. 20th.—Discontinue arsen. R Tr. merc. cor. 3x mij ter die.

Feb. 23rd.—Blood-count as follows:—

Neutrophiles	...	...	...	59	per cent.
Lymphocytes	...	...	...	36.6	„ „
Eosinophiles	...	...	...	4.1	„ „

Merc. biniod., 3x gr. iij substituted for merc. cor.

March 5th.—Coagulation time found to be $2\frac{3}{4}$ minutes. Patient manifestly better. All vesicles now heal beautifully. Taking food well.

March 16th.—Still several small vesicles round the ankle. Discontinue merc. biniod. and revert to arsen. 3x gr. ij ter die.

March 31st.—Coagulation-time $2\frac{3}{4}$ minutes. Differential leucocyte count:—

Neutrophiles	...	...	...	68.2	per cent.
Lymphocytes	...	...	...	30.1	„ „
Eosinophiles	...	...	...	1.7	„ „

April 5th.—Skin is now clear of all vesicles, but is slightly pigmented where these have been. Still taking arsen. Eating well the ordinary "first diet" of the hospital. Has been up and about the ward for about three weeks now.

Discharged cured.

Since this date patient has presented herself three or four times in the out-patient department. She has remained fairly well, and has been able to resume her ordinary occupation. One or two very

small vesicles have occasionally made their appearance; the last of these, seen at her visit on Nov. 29th last, was of about the size of a hemp-seed. The patient had been taking the arsenicum off and on ever since her discharge, but as she complained of pain and tenderness over the median nerve in the right forearm, the arsenicum was discontinued and a *placebo* given in its place.

REMARKS.

The remedy chosen in the treatment of the above case, and given almost persistently throughout, is the one which wide experience has shown to be, perhaps, the only one which can be really relied upon in the treatment of chronic pemphigus. The evidence of such writers as Hutchinson, Startin, Bulkley, and Budd is well known and almost conclusive. What is perhaps not so well known is that the remedy is genuinely homœopathic to the large complexus of symptoms met with in cases of pemphigus. Startin recorded a striking case of pemphigus of the hands following the use of my doses of 'liq. arsen.' and of Donovan's solution taken steadily three times a day over a period of nearly six months. Beyond the eruption itself, the drug covers many of the symptoms met with in severe chronic cases—the rigors, fever, delirium, dark staining of the skin, increasing weakness, emaciation, and death.

As to the *pathology* of pemphigus we are still absolutely in the dark: even the significance of the very well-marked eosinophilia present in severe cases has yet to be grasped. All that can be said of it meanwhile, is that it is an important item in the matter of *prognosis*, as is well shown in the above tables of differential leucocyte counts.—*The Monthly Homœopathic Review, January, 1907.*

Gleanings from Contemporary Literature.**COMPULSORY INFLICTION OF THE JENNERIAN RITE.****J. W. HODGE, M. D., NIAGRA FALLS, N. Y.***(An Abstract)***"I am strongly opposed to compulsory vaccination."***—Herbert Spencer.***"It is an intolerable tyranny to compel vaccination by law."***—Constantine Hering, M. D.***"Compulsory Vaccination is an outrage and a gross interference with the liberty of the people in a land of freedom."***—Daniel Webster.***"Compulsory vaccination ranks with human slavery and religious persecutions as one of the most mischievous outrages upon the rights of the human race."***—F. L. Oswald, M. D., A. M.*

Compulsory vaccination may be defined as the enforced engraftment by the state of the morbid products of the diseased tissues of sick beasts into the wholesome bodies of presumably healthy human beings with the avowed purpose of inducing in the vaccinated a pathological condition, plausibly but erroneously, styled "vaccinia" or "cow pox."

In other words, compulsory vaccination means the arbitrary power conferred by legislative enactment upon privileged politico medical organizations called "health-boards" to commit assaults on the persons of healthy people who are guilty of no crime, and no offence against moral law.

While vaccination in America is not openly enforced upon all alike as it is in Germany, Italy, Russia and other monarchical government, we have permitted a far meaner and more despicable form of compulsion to stealthily crawl into our statute books—a method repulsive to every manly instinct because it bears upon the defenceless children of the poor. The vaccination statute of New York State decrees that, "no child or person not vaccinated shall be admitted or received into any of the public schools of this State."

This odious and unreasonable law which disgraces the statute books of the Empire State of this nation is based upon the curious and absurd assumption that a healthy child is a focus of infection; and on account of not having been vaccinated, i. e., diseased, is a disseminator of disease (small-pox) among those who have been "protected" by having been vaccinated (diseased.)

The "success" of the vaccine operation consists in producing actual systematic disease, in bringing about an unnatural and morbid condition.

Disease is a hateful thing to everybody. Yet the vaccination law of this State aims to make disease obligatory by denying healthy unvaccinated children admission to our schools.

This monstrous law under cover of maintaining the public health inflicts upon school children serious and sometimes deadly injuries.

There never was any popular demand for compulsory vaccination.

The compulsory-vaccination laws were never demanded nor desired by the people. In fact they were placed upon the statute books without the knowledge or consent of the public. They were enacted for the ostensible protection of the "public health" at the dictation of self-seeking medical factions who surreptitiously smuggled them through incompetent legislatures on the plea that they were needed by the people.

Thus did the cowpox-serpent succeed in sneaking into its present vantage ground without provoking a hue and cry.

The vaccination laws neither benefit nor protect the public, but they do benefit and protect the doctors and their accessories, the "lymph" manufacturers who are behind them.

A little observation and reflection readily reveals the fact that the doctors who lobby for the enactment of "health laws" do not represent either the people or the medical profession. They represent their own selfish interests.

• CAN A HEALTHY CHILD BE A MENACE TO THE PUBLIC HEALTH?

The only excuse offered by the cow pox compulsionists for excluding healthy unvaccinated children from the schools is the allegation that these children are liable to take small-pox and then infect the entire school.

This pretext is too silly to merit a moment's serious consideration. As well might it be contended that all healthy school pupils are "a menace to the public health," because they are liable to take diphtheria, scarlet fever or measles and then infect the entire school. Now, putting aside all professional learning and appealing to the dictates of common sense, I venture the confident affirmation that this objection to allowing healthy children to attend school is utterly baseless and senseless. No person except one who is himself infected with disease can possibly infect another.

A healthy unvaccinated child does not endanger the health of any body, and unless such child has been recently exposed to infection it is a silly and needless precaution to exclude him from school.

Should a vaccinated pupil, another unvaccinated both be at the same time exposed to small-pox infection, both should be excluded from school attendance for a reasonable period of time. It would be as unreasonable to allow the vaccinated child who had been recently exposed to small-pox to attend school as it is to exclude from school an unvaccinated child who has not been exposed to small-pox.

The law of New York State which prescribes vaccination of children as a qualification for admission to the public schools, while exempting the children in private and parochial schools as well as those in factories and shops, is preposterous and farcical. The pupils of the public schools constitute only about one-third to one-fourth, of the entire population. Out of school hours these children mingle freely with other children, whether vaccinated or not, on the street, in the stores, in the trolley cars, in Sunday schools, theatres, churches, entertainments and in their homes. In this way the vaccinated school children come in contact with the sixty-five or seventy-five per cent., who are not vaccinated. Why this senseless and absurd discrimination by the state against the pupils of our public schools?

Under the provisions of this unequal and unjust statute the children of the wealthy can evade the venomous fangs of the official vaccinator by resorting to private tutors for instruction. To parents with adequate means this extra expenditure is trivial and is amply repaid by the satisfaction of shielding their children from disease and possible death and the gratification of setting the tyrannical law at defiance.

Not so, however, with the children of the poor, who must submit to this state-supported imposture by having their persons assaulted and their blood polluted with disease matter from sores on sick beasts.

• "THE WHOLE NEED NOT A PHYSICIAN."

It is a time-honored truism that "the whole need not a physician, but they that are sick." The partisans of compulsory vaccination under the arbitrary rules of health (?) boards declare that the whole *do* need a physician, and that healthy children must be *diseased* before they can be

taught in our public schools. It is a perilous experiment to attempt to improve upon good health by "doctoring up" a well person. The truth of this axiom is well portrayed in an epitaph in a Spanish churchyard which runs thus: "I was well, would be better; took physic, and died."

A MEDICAL ASSOCIATION.

The American Medical Association is the arbitrary autocrat of the allopathic school of medicine. Its aim is to create an arbitrary system of state medicine of which it aspires to be the dictator. The obvious policy of this medical-trade-union is to establish in this country by legislative enactment a medical priesthood on the plea that the people are too ignorant to judge for themselves. At its annual convention in 1889 this medical czar passed a set of resolutions among which was one strongly urging compulsory vaccination. The text of this resolution follows:

"*Resolved*, that the American Medical Association most strongly urges the adoption by local boards of health of laws requiring compulsory vaccination, and deprecates in the strongest way the efforts of those who are endeavoring to secure the abolition of compulsory vaccination."

The intolerant and arbitrary attitude of the A. M. A. presents a striking contrast with the judicious and conservative attitude of the Eclectic Medical Society of the State of New York, which, at its annual meeting on March 27th, 1893, at Albany, N. Y., adopted the following sensible resolutions:

"*Resolved*, that the members of the Eclectic Medical Society of New York State recognize the fact that there are a great variety and wide diversity of opinions on the subject of the utility of vaccination; that there is no unanimity of opinion concerning means, methods and repetition of vaccination; that the art has not reached a stage of scientific precision sufficient to justify its definition or safe administration by compulsory laws."

"*Resolved*, That before taking any legislation on vaccination the way for it should be prepared by the appointment of a competent and fair commission empowered and directed to investigate the whole subject, including the operation of compulsory vaccination laws in other countries."

And further be it

"*Resolved*, that we favour Assembly Bill No. 850 for the repeal of the law of 1893 by which unvaccinated children are excluded from the public schools, because it causes injustice and can serve no good purpose, since it can only result in withholding free schooling from the children of those conscientiously opposed to vaccination while the vaccinated and unvaccinated will continue to associate out of school."

"*Resolved*, That we ask for the repeal of all provisions of law, direct or indirect, empowering health boards or school boards to enforce vaccination upon the unconsenting."

Geo. W. King, M. D. President.

S. A. Harby, M. D., Secretary.

COMPULSORY VACCINATION IS WHOLLY INCONSISTENT WITH THE THEORY THAT VACCINATION PROTECTS THE VACCINATED FROM SMALL-POX INFECTION.

According to the oft repeated assertions of the vaccine hypothesisists that inoculation into the human organism of "cow-pox lymph" extinguishes susceptibility to small-pox infection thereby rendering the vaccinated absolutely safe from all danger of taking small-pox from the unvaccinated: If their claim be true, where is the need of compulsion? If vaccination protects the vaccinated they need have no fear of small-pox. On the other hand, if vaccination does not protect the vaccinated

from taking small-pox from the unvaccinated; it is a monstrous fraud and a brazen imposture upon human credulity. In either event, the vaccinated have no just reason to find fault with the unvaccinated, for if vaccination is a barrier to small-pox infection the unvaccinated cannot be a source of danger to their neighbours, because the latter can save themselves by getting vaccinated ("protected"). Where then is the consistency of compulsion? Why not leave the unvaccinated to their own liberty, since no one's immunity is concerned but their own? Let the believers in the doctrine of salvation through the merits of the Jennerian rite keep their bodies constantly saturated with the essence of diseased veal. Being themselves "protected" what more do they want?

Suppose I should declare that my house is fire-proof and then try to compel my neighbour to make his house fire-proof on the pretext that it might "catch fire" and endanger my house? What would be thought of such logic?

The advocates of compulsory vaccination have put themselves in an extremely embarrassing predicament. They cannot with any show of consistency contend that unvaccinated people are a source of danger to their "protected" neighbours. If the vaccinated majority are really protected, as they loudly proclaim they are how can they be endangered by the presence of the unvaccinated minority who are the only people susceptible to small-pox infection? Even if the vaccine operation were harmless and afforded unfailing and complete protection against small-pox, there would even then be no reasonable ground for compulsory legislation, because non-vaccinated people could not be a source of danger to their "protected" neighbours. If every unvaccinated person in Jennerized Christendom should catch small-pox, the vaccinated could not take it if their vaccination protects them. If they say they could, they surrender the very pretext under which the rite is enforced.

If I believe that the risk of catching small-pox is greater than the risk of being vaccinated and that vaccination will prevent small-pox infection in myself, I have a perfect right to be vaccinated, but I wholly repudiate the idea that because of my belief, I may force upon others a rite in which they have no faith and wherein their belief or non-belief, their observance or non-observance of the rite can have no effect upon me if my belief is founded on truth and fact.

Had vaccination been a real defence against small-pox infection, the virtue of the rite manifest in its efficacy must long ago have secured its universal acceptance and adoption without the aid of compulsory laws. The bitterness of compulsion lies in the attempt to enforce by law a manifest imposture and to suppress the convictions of those who observe and think for themselves. In making vaccination obligatory, the State has put itself into this awkward dilemma:—

Either vaccination is a perfect prophylactic in which case compulsion would be entirely unnecessary, because only those who neglected the observance of the rite would run the risk of taking small-pox; or vaccination is not prophylactic and should not for that reason be enforced by law.

From whatever view-point this question is examined, compulsion is seen to be absolutely inconsistent and wholly unjustifiable.

A. Milnes, A. M., of London, England, has summarized the arguments against compulsion as follows:

"Vaccination either protects you from taking small-pox or mitigates small-pox when you have taken it; or does neither of these things."

"Now if vaccination neither protects nor mitigates, then it is useless, and everyone will admit it ought not to be enforced by law. If it only mitigates, then, since the mildest small-pox is admittedly as infectious as the most severe, vaccinated small-pox is no less infectious and no less

dangerous to the community than unvaccinated. Therefore, there is no reason and consequently no right to enforce vaccination upon people by law." These arguments effectually demolish the claim of the clique of cow-pox theorists who advocate compulsion because of the pretended mitigative power of vaccine "lymph."

VACCINE "LYMPH" NOT DEFINED BY STATUTE—WHAT IS IT?

I believe that all logical thinkers who are honest will agree that if a compulsory vaccination law is to be enforced, the vaccine substance to be used in the performance of the State-rite should be specifically defined by statute so that doctors who administer the rite and the people whose children are to be subjected thereto may know what is required of them. Unless it can be clearly shown exactly what vaccine "lymph" is and that pure specimens are obtainable, compulsory vaccination is totally unjustifiable even if its alleged protective virtue be admitted. If we or our children must needs be poisoned by law, it is certainly our privilege and our duty, to know exactly what the "legal" poison is, so that we may make sure that our children are properly poisoned. But what are we to say to the fact that in all the hundred and more years during which vaccination has been practised, no one has ever proved himself able to tell what vaccine "lymph" is, or how long it "protects."

Neither the analyst, the bacteriologist, the microscopist, nor the pathologist has ever given us any definite information as to the specific constitution of the disease products erroneously styled "pure calf-lymph." Yet this dangerous quack-nostrum which bears the stamp of legislative authority is forced into the healthy bodies of people who are unwilling to receive it.

After having very carefully investigated this subject I am fully convinced that there is not the slightest evidence on record in substantiation of the claim that any strain of so called "pure calf-lymph" now in currency is pure. The words "pure" and "lymph" as applied to any vaccine substance are clearly misnomers. Furthermore there is absolutely no proof available that any one of the vaccine "lymphs" now in use was originally derived from the cow or the calf. I challenge all the cow pox doctors in the world to refute the above statement. The phrase "pure-calf-lymph" is a verbal trinity of falsehoods calculated to disarm suspicion and to mislead the uninformed.

The stuff used by vaccinators under the name, "pure-calf-lymph" is *not pure* because it is *corruption*; it did not *originate* with the *calf*, and it is *not lymph*.

Then there is a hopeless disagreement among the vaccinists as to which particular strain of "lymph" is the *proper* one or the *best* one to use.

In his recent published work on "The Pathology of Vaccination" Montagne R. Levenson, M. D., A. M., Ph. D. has pointed out 13 different sources from which so-called vaccine "lymphs" have been derived. Each of these thirteen different varieties of corrupt animal poison recommended by rival manufacturers has its partisans who extol it, as the *genuine*, while they denounce all other strains as being "spurious" "dangerous" and "non-protective."

Jenner declared that matter from the greasy heels of horses after having passed through the system of the cow was the only "genuine life preserving fluid." "It is horse-grease cow-pox that is of sovereign and infallible virtue," declared Jenner. The lymph of Jenner was obtained by inoculating cows with the purulent matter which exuded from the heels of horses suffering with grease (*eczema pustulosum*.) All other kinds of lymph, according to the dictum of the promulgator of the "tradition of the dairy maids" were utterly worthless. It is worthy of note that the kind of vaccine prescribed and used by Jenner is not used

at all by the present day vaccinators. This fact shows how little reliance is to be placed upon the shifting quicksands of passing medical dogmas.

In this fundamental matter vaccination law differs radically from all other laws in that all other laws whether commanding or prohibiting something, define what that something is. Vaccination law makes no such declaration, leaving every vaccinator at liberty to use any old "lymph" his fancy or caprice may happen to dictate. From the 13 varieties of so-called "lymphs" now offered by the proprietors of the various disease-factories, he may select any one he pleases.

VACCINATION VERSUS SANITATION.

The apologists for compulsory vaccination in their unscrupulous efforts to justify this tyrannous state-quackery are wont to point to municipal ordinances for the enforcement of cleanliness in crowded and filthy quarters of populous cities as being identical in principle with the compulsory vaccination laws. Such a contention is absurd. Vaccination law is special class-legislation which is highly charged with the spirit of indolence and tyranny, and should excite the contempt of all fair-minded people for its medical sponsors and for the legislative incompetents who were instrumental in its enactment. Any one observes and reasons for himself may be pardoned for entertaining the suspicion that there was something more at issue with these law-makers than a consuming zeal for the "public health," something other than a philanthropic desire to promote the public welfare.

VACCINATION-LAW OF EXCEPTIONAL CHARACTER.

The vaccination law has no analogy in the whole domain of legislative enactment.

It was the first direct and aggressive legislation upon the person of the healthy citizen in medical matters. It is the only instance on record in this nation of a quack nostrum being forcibly foisted upon the public by legislative enactment. It invades in the most flagrant and unexampled manner the liberty of the parent and the sanctity of the home. There is no other law on the statute books of this nation which so fundamentally subverts the basic principles of individual liberty and personal rights.

This despotic law gives the parent, who is the natural and rightful guardian of his child, no option as to incurring the dangers and injury incident to the operation. In all other cases, he is allowed to decide on his own responsibility whether he will adopt a particular medical prescription or not; but in this one he must accept the disease-bearing operation with all its perils at the dictation of an unjust and arbitrary law, which was smuggled through our legislature at the instigation of medical grafters and mercenary "lymph" manufactures.

Many distinguished vaccinologists of the highest scientific attainments have unhesitatingly declared vaccination to be not only useless but also dangerous and injurious.

Where the physicians differ in their opinions on a certain question parents should surely be allowed to decide for themselves which opinion they will follow. The vaccination laws violate the constitutional rights of the people in the most flagrant and unexampled manner by denying them this unquestionable privilege.

Compulsory sanitary laws, on the other hand, affect only outward circumstances, such as light and air, garbage and sewerage, overcrowding, public exposure of infected persons, etc. In all these cases the social interests are so direct and paramount, and the individual claims affected are, comparatively, so slight that the reasons for compulsion are clear and uncomplicated by any delicate question of personal rights. It is far different, however, with compulsory vaccination. It goes beyond outward circumstances. It invades the integrity of the healthy body. It

attacks the very citadel of life. It commands that a wound however slight, be inflicted upon every pupil in our public schools, and that these wounds be infected with disease matter of undefined and unascertained composition and of admittedly unknown nature and origin.

After more than a century of vaccination there is at the present time no consensus of opinion in the medical profession as to what constitutes the proper material to be used in the administration of the Jennerian ceremony. In substantiation of this affirmation, I quote the following statement from the American Text-book of the Diseases of Children, p. 192, Article—Vaccination, by T. S. Wescott, an allopathic authority, and a pro-vaccinist. "The exact nature of the vaccinal disease is a question which has been the subject of repeated theorizing and experimentation since the time of Jenner, and even at the present day no consensus of opinion has been reached."

Similar testimony from the writings of other noted supporters of vaccination could be quoted by the page and chapter.

IS SO-CALLED "COW-POX" ANYTHING BUT SYPHILIS OF THE COW?

Scientific veterinarians assure us that vaccinia, or "cow-pox" did not originate with the cow and is not a disease natural to that animal. When found in the animal at all it is the milch cow which is invariably affected. That "kine-pox" or "cow-pox" is not a disorder to which the bovine race is naturally subject is amply shown by the fact that its occurrence in bulls or steers has never been observed. Who ever heard of bull-pox? Neither do young heifers which have never been milked nor cows which are allowed to suckle their own calves and untouched by milkers ever have this disorder (cow-pox.) Cow-pox being a disease found only in milch cows is in all probability a malady of human origin which was communicated to the teats of the animal from sores on the hands of milkers.

Some of the most renowned investigators on the subject of vaccination aver the belief that what is denominated "cow-pox" is a modified form of syphilis which was conveyed to the cow's teats from specific lesions on the hands of milkers who were suffering from "the bad disease."

Among the scientific medical authorities who hold this view is Prof. Charles Creighton, of Cambridge University, London. Dr. Creighton who is the author of several classical works on "cow-pox" was engaged to write the articles on Vaccination for the ninth edition of the Encyclopedia Britannica, because he was considered the world's ablest authority on the subject. Dr. Creighton says: "The real affinity of cow-pox is not the small-pox but to the great pox. The vaccinal roseola is not only very like the syphilitic roseola, but it means the same sort of thing. The vaccinal ulcer of every-day practice is, to all intents and purposes, a chancre."—The natural History of Cow-pox and Vaccinal Syphilis, p. 155, by Charles Creighton, M.D., A.M.

Think of the flagrant imposture of compelling parents to subject healthy children to inoculation with disease-products derived from beasts which have been polluted with a human malady indistinguishable in its manifestations from syphilis, the greatest scourge of the human race.

Vaccinators are wont to set up a great hue and cry about the ravages and "horrors of small-pox." They might better turn their attention to the "horrors" of syphilis compared with which the "horrors of small-pox" sink into insignificance.

Owing to the indefinite and complex constitution of all vaccine "lymphs," the results of vaccination can only be known after they have occurred. The clinical test is the only criterion. The disease imported by the infliction of the vaccine rite is sometimes vaccinal tetanus, one of the most fatal maladies which afflict the human race. The law allows the

*parent no option as to whether he will incur the dangers incident to this operation, nor does it promise to indemnify him, in the event of vaccinal disaster to his children. The practice of vaccination is based on a medical dogma, a class-creed. Regarding its relative value and its relative dangers, there is a diversity of opinion among physicians generally and among the vaccinists themselves.

As to which of the diverse and numerous strains of vaccine material now in currency is the proper one or the best one to use there is also a hopeless diversity of opinion in the profession.

• Such objection as the above cannot be urged against preventive sanitary measures. Preventive sanitation is not the creed or the prescription of any particular school or class of physicians. No class of profession asserts the belief that any peril is threatened to life or health by the enforcement of thorough sanitary measures. No popular revolt arises to resist compulsory sanitation as a common foe. Who ever heard of an anti-compulsory sanitation league? In the United States there are hundreds of anti-compulsory vaccination leagues, the members of which comprise eminent physicians, lawyers, statesmen, clergymen and enlightened and educated laymen.

The various schools of medicine and the general public are in practical agreement touching the propriety and the necessity of enforced sanitary measures. Nobody charges that compulsory sanitation causes death and spreads foul and fatal diseases among the people, while both of these charges have been repeatedly preferred and fully sustained and proven against vaccination.

Liberty of the citizen is not grossly infringed by the enforcement of the most thorough sanitary measures, nor is his life or his health or that of his children endangered thereby.

Between compulsory sanitation and compulsory vaccination there is a difference as antipodal as that between health and disease. The former measure promotes health, while the latter directly disseminates disease among the people. To assert the affinity, or even the similarity of these measures, stultifies him who draws the absurd comparison.

All honest and intelligent people agree in their verdict that it is health, not disease, that the state should foster and promote. The policy of disseminating disease on the pretext of conserving health is preposterous and idiotic.

CONCLUSIONS.

In view of the facts and reasons herein set forth, I feel that I am fully justified in the conclusion that compulsory vaccination is neither *expedient*, *justifiable*, *possible* nor *reasonable*. It is *inexpedient* because it makes the attainment of truth about vaccination always difficult and often impossible. "Health" officers are pledged by the terms of their official appointments not only to keep their mouths shut against any expression of misgivings about vaccination, but also to keep their minds closed against free inquiry.

Prof. George W. Winterburn, M.D., Ph.D., in his excellent work entitled, "The Value of Vaccination," at page eleven says :

"Jenner began it in his efforts to suppress every fact which told against his theory, and his mantle has passed with the passing years to men of like aptitude for the suppression of disagreeable truths."

• The obvious policy of those committed to compulsory vaccination is to accept with alacrity any old testimony to the credit of vaccination, and to deny or explain away all facts to its discredit. It is clearly apparent that the wrongs of vaccination can never be fully ascertained until there is sufficient legislative fairness to abolish compulsion.

By misleading people to suppose themselves safe from small-pox infection, this doctrine fosters a disregard for, and a neglect of the ordinary

sanitary precautions which they would otherwise be likely to observe. Compulsory vaccination is unfair for the reason that it creates a monopoly. It is an audacious attempt to establish by legislative enactment a certain medical prescription, and to create class interests identified with that prescription, and thus to erect a bar to progress and improvement. It is quite obvious that any progress in the preventive treatment of small-pox must in the constitution of human nature meet with resistance from those whose emoluments are vested in the established medical practice.

In the bulwark of constitutional liberty erected by the fathers of '87; the rights of the individual were made the corner stone of our government, the stone which had heretofore been rejected by all builders of nations. Our government was not intended to be paternal in form.

The constitution guarantees that every individual citizen shall be allowed the fullest liberty that may exist without impairment of the equal rights of his fellows.

"The highest conception of the state repudiates the absolute and unquestioning subordination of the individual to society, and insists upon the preservation of individual liberty as an essential factor in civilization and as one which will ultimately lead to a more perfect social welfare, though it may produce temporary disturbances or delays in the accomplishment of what is believed to be the public good. This conception of the state is endorsed by our constitution, and the idea of public welfare bought at the cost of suppressing individual liberty and right is, therefore, in our system of government inadmissible." (Freund, Police Power, Sec. 16.)

Compulsory vaccination is a relic of old world monarchical government—a remnant of mediæval intolerance and tyranny. It has no rightful or proper place in a community of enlightened people living under a republican form of government. From this degrading rite every claim to state protection should be at once withdrawn. The state should forthwith cease to be a partisan of this detestable practice under the pretext of the "public health" in the shadow of American liberty is blighting the health and destroying the lives of the rising generation.

Compulsory vaccination savors strongly of medical bigotry and intolerance. It belongs to the penal system of the "Dark Ages." It is the foulest blot on the civilization of the twentieth century. The doctors of medicine who arrogate to themselves the right to save the people's bodies from small-pox by means of compulsory inoculation are no less unreasonable, cruel, intolerant, bigoted and tyrannical than were the doctors of "divinity" of former times who insisted upon saving the people's souls from perdition by means of halter and stake.

The state is carrying its "protecting care" altogether too far when it insists that a surgical operation must be performed upon the bodies of all children before they can be taught in our public schools.

Whether vaccination is *right* or *wrong* there can be no valid excuse on the part of the state for interfering in the matter.

COMPULSORY VACCINATION FURNISHES A PERILOUS LEGISLATIVE PRECEDENT.

Compulsory vaccination furnishes one of the most odious examples of state guardianship that has been inflicted upon a civilized people in the history of the world. It is the entering wedge for state medicine. If there be any reason or justification for compulsory vaccination, what about compulsory anti-toxine as a prophylactic and routine treatment for diphtheria? Why not compulsory anti-toxine or compulsory vaccination? Diphtheria is a disease far more common and vastly more fatal to children than small-pox. Why then should not the school board in its omniscient

wisdom and arbitrary authority be empowered to decree that no child shall be admitted to, or received into the public schools of the state unless he shall have been "immunized" by anti-diphtheritic serum?

The converts of Pasteur will insist upon pumping us full of anti-rabic virus. The dupes of Robert Koch will petition the legislatures for the compulsory injection of tuberculin into the people's bodies and so on *ad infinitum*. With such laws in operation, there would be no limit to the number of schemes for the compulsory welfare of the people. The hide of every law-abiding citizen would soon be scarred like the bark of a pine tree in the turpentine camps of North Carolina.

Circumcision long practiced as a hygienic measure by the ancient Egyptians, and down to the present time insisted upon by the Jews, is believed by many medical men to be promotive of cleanliness and health. If there be any justice or reason in compulsory vaccination, there certainly is far more in compulsory circumcision. Inasmuch as the Jews are about the healthiest, and the longest lived people on the globe, why not enact a circumcision law? As such a law would require the performance of a surgical operation upon the person of every male citizen, political doctors could by persistent lobbying legislatures make this operation compulsory. Furthermore it could be made a lucrative source of medical and surgical revenue, for the personal benefit of these official grafters. This scheme has already been proposed and recommended in San Francisco, Cal. I should favor the enactment of such a law myself, provided it contained a clause requiring the official doctors by way of example as an earnest of good faith to be themselves the first to submit to the surgeon's knife. Wouldn't our medical gentry who uphold compulsory vaccination pronounce such a circumcision law of menace to personal liberty? With such laws on the statute books there would be no apparent limit to the projects of "philanthropic" doctors and meddling politicians for the compulsory welfare of the "dear people."

Compulsory vaccination of school children is *unjust*, because to meet a danger usually remote by an alleged defence, at best *uncertain* and at times *fatal*, overrides parental responsibility and disregards the most sacred of parental rights. If vaccination were an infallible defence against small-pox infection, it would even in that case be detestable tyranny for the state to step in and insist that the child shall incur the risk of vaccinal tetanus, erysipelas and other dangerous and fatal maladies incident to vaccination rather than take the very remote chance of catching small-pox.

The parent being the rightful and natural guardian of his child has the unquestionable right to choose for him between the *certain* of being poisoned with *vaccine virus*, and the remote *possibility* of being poisoned with *small-pox virus*. In the exercise of that choice the parent should remain free. The state has no right whatever to interfere in the matter. It is the individual's indisputable privilege to make choice of medical treatment for himself and his children. If a man does not believe in vaccination and prefers to take his chances of contracting small-pox without such "protection" of "immunity" as vaccination is alleged to afford, he has an undeniable right to do so.

THE HISTORY OF MEDICINE A SEVERE SATIRE UPON THE MUTABILITY OF MEDICAL DOCTRINES.

The course of medical practice has been far too devious, uncertain and blundering for the state to step in and order any medical prescription for all the people. Let us not forget that variolous inoculation, now a penal offence, was at one time as loudly lauded by the allopathic school of medicine as a panacea for small-pox as vaccination is to-day. In view of the past and present uncertain results and shifting standards of medical

practice, it is no more within the proper function of the state to enforce conformity to a medical creed than to enforce compliance with an ecclesiastical creed.

COMPULSORY VACCINATION-LAW A DEAD LETTER.

For nearly half a century vaccination had been rigidly enforced by law in England, but the thousands outside of the medical profession, and many inside who knew that it did not prevent small-pox, and that it rendered the bodies of persons vaccinated impure and diseased, made such earnest and determined opposition to compulsion that the English government in order to stop the agitation appointed in May, 1880, a Royal Commission of Enquiry on the subject of vaccination, composed of fifteen eminent scientific men, medical and non-medical, to make an investigation and report.

It was anticipated by its advocates that the evidence disclosed in favor of vaccination would be so unanimous and conclusive as to effectually restore public confidence in the practice, and thus put an end to all opposition.

On this commission only a single representative of the anti-vaccination movement was given a seat, while twelve at least of the fifteen members were avowed believers in the efficacy of vaccination as an antidote to small-pox. This commission terminated its labors toward the end of 1896. It held 136 sessions, examined 187 persons chosen from the world's most noted supporters and ardent opponents of vaccination. To the great astonishment of the commission, the proofs showed conclusively that vaccination did not prevent small-pox, and that it was injurious to public health. Acting upon the majority report of this commission, the English government on August 12, 1898, repealed the compulsory vaccination laws, thus practically abolishing compulsion in the birthplace of the delusion. Four of the royal commissioners went so far as to recommend the "Total Abolition of Vaccination as a State Regulation against Small-pox."

On July 31, 1882, the Swiss nation voted on the question—"Shall vaccination be compulsory in Switzerland?"—with the following decisive result, viz.: against vaccination 271,999; for vaccination 67,675, a majority against the practice of more than 4 to 1. Only one canton (Neuchâtel) in the entire nation favored the law.

In our own country the state of Utah leads the way in the abolition of compulsory vaccination. Here is the text of her law:

"An act to prevent compulsory vaccination and to prevent vaccination being made a condition precedent to entering the public schools of Utah. *Be it enacted by the Legislature of the State of Utah.*

"Section 1. That hereafter it shall be unlawful for any board of health, board of education, or any other public board acting in this state under public regulations or otherwise, to compel by resolution, order or proceedings of any kind the vaccination of any child, or person of any age; or to make vaccination a condition precedent to the attendance at any public or private school in the State of Utah, either as pupil or teacher."—*The Medical Advance*, January 1907.

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[No. 3.

SAVE ME FROM MY FRIENDS.

In medical practice, the most intolerable part is to be dictated by the friends of the patient. In a difficult case many suggestions are heaped on a medical man, most of them being inconsistent and bad. The irksome duty increases tenfold when a show of authority is attached to those declarations. Generally the authority of another medical man is cited which condones the severity of the statement. These suggestions are not forwarded by the person most interested in the welfare of the patient. In many cases the chief responsible person in the family has confidence in the doctor. But the curiosity is that those who have no business to interfere show an unusual amount of concern. The outcome of the evil is that the medical practitioner becomes disgusted if he care keep his temper not to leave the case. The task becomes disagreeable to the doctor, and the chief interested man of the family is placed in an ugly position. Such scenes of confusion are often observed when the patient or the governor of the family has many friends. In certain quarters of Calcutta, these sorts of interfering persons are of common occurrence. They pose themselves as the chief adviser and bring mischief if they can, by often change of treatment. The tactics are played on a family where the governor has the credit of being too innocent and incapable to prevent his right and interest. The interfering man naturally prefers his own

doctor and forms a medium for his advertisement. The end of the whole business is unpleasantness especially if there be more than one interfering friend. The modest governor of the family is generally placed in a great difficulty. Homœopathy being followed by a minority of persons, homœopathic practitioners do not find much field in the competition. They generally have the luck to get cases when all other systems fail. It is tried in most cases as the last resort. A few families undertake the risk to try homœopathy from the very beginning of a case.

Recently, we had an interesting trial in a case of remittent fever with typhoid symptoms. The child had had an acute diarrhœa when he was six months old. At that age and from the same disease two of his children died treated by the old and new school men. He was placed under our treatment and fortunately his life was saved. Naturally the parents had confidence in us. About three years before, he had severe attack of fever when plague was raging in Calcutta. Indeed, it was a case of septicæmic plague. With great difficulty he could be in the land of the living. On the present occasion, as it has been said, it was remittent fever with typhoid symptoms or it might be called typhoid fever. High fever with temperature rising to 104° and 105° F., delirium, dry tongue, and sometimes total unconsciousness were the principal symptoms. The critical stage remained more than ten days and the parents became naturally anxious. At this time friends came to visit the father and curious advices poured in from almost every visitant. All of them were for allopathy and no one took the name of homœopathy even as a matter of doubt. Each of the friends recommended his own doctor and the parents were upbraided for foolishly adhering to homœopathy. A European friend ridiculed him for having too much confidence in his doctor. The father wavered but the mother had unalterable faith in homœopathy and the doctor. One advised chlorine water as the best treatment in these cases. He also recommended one of his relations—a medical man—to be called. The singular feature of the advice was that in any serious illness in the family of the adviser, any

other medical man would be called to treat but not his relation whom he recommended in the present case. The father not submitting to these exhortations, as the last resort, a lay homœopathic practitioner was called. Finding the case very difficult to treat, he gave him a series of advices and came to the end by telling him not to change the treatment. The difficulty in the treatment was, indeed, enhanced by the irresponsible advisers. They seemed to be friends but how far they acted in a friendly spirit was the noticeable fact. When the parents resolved to try homœopathy and nothing else, another friend seriously advised to try another homœopathic regular who lived almost at the other end of the town. The father did not consent on account of the unsuitable distance and for other reasons. When these advices were coming on, the patient gradually recovered, making an end of the unpleasant situation. At last, he had to say, Save me from my Friends, and laughed at the ridiculousness of the advices of his so-called friends.

NEED OF AN INDIAN HOMŒOPATHIC PHARMACOLOGY.

(Continued from p. 400, Oct. 1906.)

162. *Chininum Sulphuricum* is Sulphate of Quinine.
163. *Cinchoninum Sulphuricum* is Sulphate of Cinchonine. Both the sulphates are manufactured in India and are not inferior to those prepared in any other country.
164. *Chionanthus Virginica* is the Fringe Tree of America. India has *Chionanthus Axillaris* or Axil Flowering Fringe Tree.
165. *Cicuta Maculata* is Spotted Water Hemlock and found in Europe.
166. *Cicuta Virosa* is Water Hemlock and like its ally found in Europe.
167. *Cimicifuga Racemosa* is properly known as *Actæa Racemosa*. In India we have *Cimicifuga foetida* a plant found in the Panjab. Its local name is Jiunti.

168. *Cina* is the unexpanded flower heads of *Artemisia Maritima*. The Persian name is Brinjasaf. It is found in the shops of Yunani apothecaries at Delhi and Calcutta.

169. *Cineraria Maritima* is *Senecio Cineraria*.

170. *Cinnamomum Camphora* is the Japan Camphor tree.

171. *Cinnamomum Glanduliferum* is the Nepal Camphor wood. Its habitat is the South Himalaya from Kumaon to Assam and Sylhet. In Nepal the tree is called Malligiri or Marisgiri.

172. *Cinnamomum Parthenoxylon* is the Martaban Camphor wood found in South Tenasserim, Penang, Sumatra, Java and China.

173. *Cinnamomum Ceylanicum* is rather wrongly written *C. Zeylanicum*. The true Cinnamon is an inhabitant of Ceylon, and now cultivated in South India. The bark is used as such but the root yields Camphor. The essential oil is prepared from the bark. The oil is being used before 1544, the first preparation is said to be made by Valerius Cordus. Its Sanskrit and Bengali names are Daruchini, (দাৰুচিনি) and Hindi is Darchini.

174. *Cistus Canadensis* is *Helianthemum Canadense*, a native of America.

175. *Citrullus Colozyntis* or Indrayan (ইন্ডায়ন) of India is found wild in waste tracts of North-West, Central and South India. Dr. Watt calls it also Makal. Rai Chuni Lal Bose Bahadur distinguishes Makal by the name of *Trichosanthus Palmata*. After all, we find that *Colocynth* is not Makal but only Indrayan.

176. *Citrus Aurantium* is the Sweet Orange, China Orange and Portugal Orange. The Persian name is *Narandj* or *Narangi* and the Bengali *Kamla Nebu*. It is supposed that the name *Aurantium* is derived from *Narandj*, from which the word orange is also derived. It is interesting to note the several changes the word *Narandj* has undergone. The Moors first took orange into Europe and through them it spread into different

countries. In Spanish it is *Naranja*, in Portuguese *Laranja*, in Italian *Arancio* and in the medieval Latin *Arangia* or *Arangia*. The Sanskrit name is *Nagaranga* (नगराङ्ग). It seems that the Sanskrit word has spread in all countries of the world with certain mutations. Among the earlier Sanskrit writers no mention has been made of it. The later writers as *Rajballav* and *Rajvirghanta* speak of it as sweetish sour in taste. The explanation of its later incorporation is that its indigenous state was primarily observed in the Khasia hills, north of Sylhet and East Bengal, and was least known to the ancient Sanskrit writers. From the Khasia hills it spread to other countries. De Candolle, on the other hand, says that it came from China. Had it been the case the indigenous state of the plant could not have been observed in the remote district north of Sylhet, from which place it has been transplanted to Nagpur, the Central Provinces and Darjeeling. The reasonable inference is that the plant existed like Tea in China, as well as in the Khasia hills, as indigenous. The inference that Sanskrit writers mentioned the bitter species and not the sweet ones seems to be a mistake. For most of them clearly conveyed idea that the fruit is sweetish sour and not bitter. We are disposed to side Dr. Bonavia who, after a full enquiry, has come to the conclusion that sweet orange is indigenous to India and found in a wild state. Dr. Watt mentions another kind of wild orange called *Santara* found in the North-West provinces. He supposes that the name is derived from the Spanish town Cintra. Admitting the fact, the best variety which is found only in the Khasia hills remains inexplicable unless we suppose it to be indigenous. *Aurantium* has several varieties.

1. *Aurantium* proper or sweet orange.
2. *A. Bigaradia* is the bitter or Seville orange from which oil Neroli is prepared. It is also found in India but not to that extent as the sweet orange.
3. *A. Bergamia* is the Bergamot orange, commonly found in Europe and rarely in India. It is known as the Green orange. From this variety Oil Bergamot is prepared.

It is desirable that in India tincture should be made from the fruit of *Aurantium* proper or sweet orange of the Khasia hills, and not from the bitter orange.

We do not take into consideration 1. *Citrus Decumana* or Shaddock or Pumelo better known as *Batavi Nebu* (বাতাবি নেবু) for coming from Batavia the chief city of Java. 2. *Citrus Medica* proper or the Citron, in Hindi Taranj, is found in a wild state in the Sitakunda hills near Chittagong. 3. *Citrus Limonum* or the Lemon is known as *Gora nebu* (গোড়া নেবু) or *Karna nebu* (কর্ণা নেবু). From it the Lemon oil is prepared. 4. *Citrus Acida* is the Scur Lime of India. It forms our Pati (পাতি) and Kagzi (কাগজি). 5. *Citrus Limetta* is the sweet Lime of India coming from Southern India. In Hindi it is known as *Mitha nebu*, and in Sanskrit *Madhukarkatika* (মধু কর্কটিকা). 6. *Citrus Lumia* is another variety of sweet lemon little known in India. 7. *Citrus Nobilis* is the Mandarin orange of China and found in the hill tracts beyond Sadiya, East Assam.

177. *Claviceps Purpurea* is the Ergot of Rye. Watt writes : "Dr. R. Tyler (in the *Cal. Med. Phys. Trans.*, 1831, vol. v., p. 441) reports that barley in the Upper Provinces of India is often affected with a disease very similar to, if not identical with, ergot of rye. The diseased grain is spoken of as being very poisonous. The same, or apparently the same, disease has been observed in oats, rice and particularly *Pennisetum typhoidæum*."

178. *Clematis Erecta* or Upper Virgin's Bower is a climber found in Europe and Asia. In India, there are several varieties of *Clematis*. 1. *C. Barbellata* is found in Garhwal and Kumaon. 2. *C. Buchaniana* is an inhabitant of the temperate Himalaya. 3. *C. Gouriana* is observed in the Western Himalaya, Peninsular India and Ceylon. 4. *C. Grata* inhabits sub-tropical and temperate Himalaya. 5. *C. Montana* has its habitation in the Eastern Himalaya extending to the Khasia hills and Manipur. 6. *C. Nepalensis* is found from Garhwal to Bhutan. 7. *C. Triloba* is met with in the mountains of the Malwa district of the Deccan and West Konkan.

179. *Coca* is *Erthroxylon Coca* and found in America.

180. *Cocculus Indicus* has the commercial name of *Anamirta Cocculus*. Its Bengali and Hindi name is *Kakmari*. The sanskrit is *Kakmarda* (ककमर्द) *Mahakal-lata-phal* (महाकाल-लताफल) or *Kak Marichika* (ककमरिचिका). It is a climbing shrub of South and East India, Burma and Oudh forests. There are various varieties of *Cocculus* but none of them are so poisonous as *C. Indicus*.

181. *Coffea Arabica* is known in India as *Kafi* (काफ़ि). The curiosity is that no Coffee plant has been found in Arabia. It is indigenous to Abyssinia, the Soudan and the coasts of Guinea and Mozambique. In India, *Coffea Arabica* is largely cultivated. Coffee has other species besides the *Arabica* cultivated in India. 1. *C. Bengalensis* occurs in Assam, Sylhet, Chittagong and Tenasserim. 2. *C. Tragaras* is found in Sylhet and Tenasserim. 3. *C. Jenkinsii* is in the Khasia Hills. 4. *C. Khasiana* is found in the Khasia and Jaintia Hills. 5. *C. Travancorensis* occurs in Travancore. 6. *C. Wightiana* is met with in the Western Peninsula from Coorg to Travancore.

We have prepared tincture from *Coffea Arabica* seeds cultivated in India and it has served our purpose well. Our tincture is from crude coffee seeds not fried. The real objection to the use of *Coffea Tosta* is the fried material converted into *Carbo Vegetables*, so that the proving may simulate both the drugs.

In *Coffea Cruda* the tincture is derived from the raw berries, and the *Coffea Tosta* is used in the form of infusion of the well-roasted berries.

182. *Colchicum Autumnale* or the Meadow Saffron is a European plant. We have it in Kashmir but the Indian supply according to Dymock comes from Persia and the Red sea ports. Its Hindi name is *Surigan* or *Suranjan*. (सुरङ्गन).

183. *Collinsonia Canadensis* is found in North America.

184. *Colocynthis* is *Citrullus Colocynthis* or *Indrayan* (इन्द्रायन) of Bengal.

185. *Calumba* is *Jateorhiza Calumba*. The dried root is used.

186. *Compaladia Dentata* comes from America.

187. *Conium Maculatum* is Poison Hemlock. Its Persian and Arabic names are Shukran. The Indian supply, generally comes from Persia.

188. *Convallaria Majalis* is found in Europe, Asia and America.

189. *Convolvulus Arvensis* is Deer's foot or Bind weed. The Hindi name is Hiranpaddi. The weed is abundant in the Panjab and Western India, from Kashmir to the Deccan.

190. *Convolvulus Durtinus* is Ipomœa Bona nox and met with in America.

191. *Convolvulus Scammonia* is Scammony. Its Persian name is Sukmonea. It is cultivated in some parts of India.

192. *Copaiva* is *Copaifera officinalis*. The balsam comes from America for alcoholic solution.

193. *Coriaria Myrtifolia* comes from Southern Europe. We have *Coriaria Nepalensis* which is found from the Indus to Bhutan and known by the Panjabi name of Masuri or Makola. The Hindi name is Bhujansee.

194. *Coriaria Ruscifolia* is Toot-berry and comes from New Zealand.

195. *Cornus Alternifolia* is Swamp Walnut. Its habitat is America.

196. *Cornus Circindia* is Round Leaved Cornel and found in America.

197. *Cornus Florida* is Dogwood. It is also an American tree but found in India. Its name is Geezooran.

198. *Cornus Sericea* is an American tree.

In India, we have 1. *Cornus Capitata*, known as Benthamia Fragifera, is found in the Himalaya from the Panjab to the Khasia Hills. The known name is Thammal. 2. *C. Macrophylla* is Kasir, an inhabitant of the Himalaya and Manipur. 3. *C. Oblongata* is Kasmol and found in the Himalaya, Burma and the Martaban hills. 4. *C. Sanguinea* is known by the names of the Dogwood, Dog berry or Hound's Tree. The name is given for the reason that the mangy dogs used to be washed

by its decoction. Its another name is Cornel Tree and known in Hindi Geezooran.

199. *Corydalis Formosa* is a Chinese plant, found also in America. Its common name is Wild Turkey pea. In India there are 1. *C. Govaniiana* is a small herbaceous plant of the North-West Himalaya and known in Hindi Bhutkis and in Sanskrit Bhutakesh (ভূতকেশ). In Bengali, it is called Swetdurba (শ্বেতদূৰ্বা). 2. *C. Ramosa* is found in the Karam valley and called Mamiran.

200. *Costos Dulcis* is the Canella Alba of the West Indies. In India, *Costus speciosus* exists, and is known as Kust or Kut. It is common in Bengal and called Keu (কেউ). In Sanskrit it is Kemuka (কেমুক).

201. *Cotyledon Umbilicus* is Pennywort or Navel wort. It is found in Europe and Asia including India. The Cut-leaved Navelwort is named in Persian Zukhum heat and in Hindi Hemsagar.

202. *Crataegus Oxyacantha* or the Hawthorn is a remedy from Ireland. In India, it is found in the North-West Himalaya. The Panjabee name is Ring, Ringo, Ramnia, Pinyat or Sinjili. In Afghanistan, as a favourite tree, it is planted near the tombs. We have also another variety *Crataegus Crenulata* or the Himalayan White Hawthorn. In the Panjab, it is called Gengara.

203. *Crocus Sativus* or Saffron is largely found in India. Its dried stigmas are used for tincture. In Hindi and Bengali, it is called Jafran (জাফ্রান). In Arabic and Persian, the name is Zaafaran. The Sanskrit appellation is, Kunkumum (কুঙ্কুম). The words Kunkumum and Abir are applied to it, for it forms the colouring matter to be used during the Holi festival. Watt writes: "The European supply of this plant comes from France, Spain and Italy. It is cultivated in Kashmir at Pampar near the capital.... The Indian supply is obtained from France, China, Kashmir, and a small quantity from Persia, in the form of cakes known as Kesar-ki-rote (কেশর কি রোটি). Kesar means stigmas, and therefore it means the

cake of stigmas. It is used for colouring cheese, puddings etc., in Europe; in India for its fragrance and colour it is added to curries and *pulaos*. We have made tincture from Kashmiri Saffron with success.

(To be continued).

CHOICE OF MEDICAMENTS AFTER EXAMINATION OF URINE.

BY DR. BERGMANN OF BERLIN.

Bryonia alba. Urine rare and of deep colour. Abundant froth, formed of small bubbles. Dewey contends that it does not form any deposit, nevertheless at the end of twenty to twenty-four hours a whitish precipitate is formed in the urine. It deposits in circles of slight thickness, but sharp edged, and separates from the mass of liquid.

Urine burning, causing by its ejection dull pain in the urethra.

Calcareo carbonica. Urine of very deep colour and turbid, which deposits in the end a layer of substance resembling flour of grayish white colour. Odour penetrating. Circles thick, more clear than the urine. Numerous small flakes without adherence between them.

Cantharis. Urine reddish, very turbid with deposit of abundant sand, mixed with sticky mucus. Without froth but having a thick reddish circular deposit. In the urine, floats a cloud of large gray flakes. The patient complains of constant urinary tenesmus, sometimes with pain in the bladder and urethra which makes him cry.

Carbo vegetabilis. Urine thick, turbid and dark, giving after a little time a mass of red gravels. Strong odour. Circular deposit of greenish fragments. Froth with large bubbles, little adherent with one another and little persistent.

Aluminum. Urine thick, with bad odour, yellow when coming out, but becomes soon turbid and forming an abundant cloud of elements at first little adherent between them but after a time deposits whitish thickness as chalk which adheres

to the vessel after remaining for a certain time. A ring exists but it is slightly tenacious.

Colchicum. Urine brown, afterwards black, with froth having small bubbles and reddish colour. The circle is large, fixed and deep coloured. Odour strong but not putrid. Formation of small clouds. At length a deposit is formed which is little important but yellowish and very adherent.

Kreosotum. Turbid appearance which for its immobility resembles the yeast of brown beer; odour strongly aromatic. Abundant white and mucous deposit with alternation of two beds clear and dark. Thick and notable cloud, small greenish circle. Abundant froth.

Arsenicum iodatum. Urine clear, but becomes quickly turbid; colour pale red, with strong odour. Large flakes, clouds formed into separate masses. It forms a homogeneous white mass, a sort of deposit. Small circles of bluish colour. The urine agreeing with the medicament. *Ars. Iod.*, contains a notable quantity of *indican*.

Iodum. Urinary tenesmus almost constant, especially at night with excretion of little urine. Sometimes the secretion is increased and the colour of the liquid is pale yellow having the fluidity of water. When the urine is rare, it is most frequent and has greenish yellow colour, turbid appearance and strong ammoniacal odour. After a short time, a deposit is produced of compact whitish thickness, with little cloud, and without rings in the vessel.

Kali carbonicum. The patient is obliged to make effort to urinate. The secretion is very much increased. The urine at first appears dark yellow, afterwards it is pale. A cloud of long filaments is formed. It is without smell and deposits abundant small red grains. Small yellow circles.

Lachesis.—Urination frequent, liquid, largely frothy. Strong odour but not disagreeable. Colour yellow, sulphur-coloured or red of new copper. The liquid is turbid with abundant mucus which is often found mixed with it. Numerous small clouds without rings. Deposit thick, reddish, forming two beds.

Lycopodium. The urination provokes pain along the urethra and pressure in the groin. Red circle and variegated greasy bed which float on the surface. Abundant froth and large bubbles. The deposit is formed after a certain time, slightly abundant and yellowish red.

Mercurius. Urination very frequent, causing lively pain all along the canal. Bad odour. The clear urine after coming out soon becomes turbid white as if it contain flour. Without ring. Large gray clouds. Little of froth. Numerous white fillets and flakes. Thick deposit with beds, the superior white and the inferior red.

Natrum muriaticum. The urine is a mixture of abundant and thick mucus, staining the linen with transparent spots. Penetrating odour; aspect turbid as clayey. Pale clouds but without adherence between them. Froth of large bubbles and fresh red colour. Faint red circles.

Nitricum acidum. Insupportable odour, strongly acid, resembling the urine of horse. Colour clear brown and deposits of clouds and filaments. Soon after the emission, the urine constitutes a bed of fine red clear sand, very adherent to the vessel. The abundant mass of froth has many small bubbles. Separated clouds. Incomplete circles.

Nux vomica. Pale urine mixed with viscous mucus, and inodorous. A greenish circle forms, which is large and animated by trembling movements. Abundant froth with large and yellow bubbles. Clouds are rare but condensed in the form of balls. Clouds thick and of dirty aspect.

Opium. Emission difficult and of small quantity with dark urine, but not turbid, with formation of long clouds, small and separated. No froth. Brisk deposit of small sands. Small incomplete circles. Greasy pellicles of greenish colour.

Rhus toxicodendron. The patient feels the bladder hot. The urine is soon turbid and flocculent, becomes afterwards clear, leaving a white snowy deposit. Without cloud. Froth of large yellow bubbles. Penetrating odour. Large and fixed circles.

Meteorological Observations taken at 8 A.M. at the Indian Association for the Cultivation of Science, Calcutta.

For the Month of February, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		CLOUD.	Rainfall.
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.	Proportion.	
1	29.984	E	4.3	83.0	62.0	9	0.13
2	29.983	N	3.0	76.8	64.0	7	Nil.
3	30.035	E	2.3	80.0	64.2	0	"
4	30.041	E	1.9	79.8	64.5	0	"
5	30.068	N	3.3	79.5	62.2	0	"
6	30.032	N	4.1	79.8	60.0	2	"
7	30.068	N	4.2	78.4	60.0	1	"
8	30.052	N	3.0	78.2	63.0	1	"
9	30.104	N	4.3	78.8	59.8	2	"
10	30.046	E	3.1	75.5	57.6	0	"
11	30.002	E	1.0	77.2	59.5	0	"
12	29.994	N	2.4	80.2	65.0	0	"
13	29.892	E	2.6	84.0	67.2	7	"
14	29.888	S E	2.0	82.5	68.0	9	0.07
15	29.919	N E	2.1	76.4	67.2	5	Nil.
16	30.004	E	1.4	80.8	67.6	7	"
17	29.994	E	1.9	82.2	68.0	5	"
18	29.988	E	2.3	85.0	68.0	2	"
19	29.992	N E	3.0	83.8	66.5	3	"
20	30.028	N	4.3	82.0	66.0	4	"
21	29.992	N	4.2	82.4	66.4	2	"
22	29.993	E	3.2	79.5	64.0	8	"
23	30.010	N	2.6	78.6	62.5	0	"
24	29.950	N	1.9	81.2	66.0	0	"
25	29.964	E	1.8	84.8	67.0	0	"
26	29.964	E	2.4	86.8	67.0	10	0.41
27	29.980	E	3.2	84.2	69.0	1	Nil.
28	29.978	N E	2.3	84.8	68.5	0	"
Mean	29.996	N E	2.8	80.9	64.7	3	0.61

Remarks: Barometer stood almost at the same level indicating the mean pressure of the wind remaining the same as in the last month 29.996. The prevailing direction of the

wind was North-East as opposed to North-West. The mean velocity of the wind was 2·8 showing a slight increase over that of the last month which was 2·2. The difference between the mean maximum and minimum temperatures was 16·2, almost the same as in the last month 16·3.

During the same month, in Calcutta, Cholera gradually lessened. During the week ending January 26, the mortality was 361. In the week ending the 2nd February it was 186. In the next week it decreased to 105. In the third week ending the 16th February the sudden fall was to 58. The next week, ending the 23rd February saw it to 42.

With plague, during the first three weeks the mortality gradually lessened. From 24th, of the last week in the month of January, to the first week ending with 2nd February it remained stationary at 24. In the succeeding week the mortality came down to 21. In the third week it was 17. Then in the fourth week ending the 23rd February, the mortality rose to 27.

The mortality from small-pox never exceeded more than 50 in a week. The highest mortality in the month of January was 25 in a week. In that consideration the disease showed double vigour in its devastation.

With fever, the mortality ranged from 123 to 142 in a week, slightly less than that of January.

With regard to bowel complaints the mortality gradually decreased from 88 to 43. The gradual decline can not be explained by any other theory except the forbearance of taking unwholesome foods which aggravate the disease.

The dispersion of pilgrims and the adoption of precautionary measures, especially the fear to visit Kalighat and eat nasty foods at that place may be said to be the chief causes of lessening the mortality from cholera. The gradual decrease of plague mortality during the first three weeks with a sudden rise on the fourth is inexplicable. The gradual rise of small-pox mortality was significant, without any other assignable cause except frequent contact. The fever mortality was almost the same as in the last month. The rise and fall of fever cases in Calcutta can not be ascertained. For bowel complaints and every other disease a thorough bacteriological examination of filtered water is necessary, which may help to arrive at any rational conclusion.

EDITOR'S NOTES.

Some Potash Salts.

The *North American Journal of Homœopathy* of January writes of the Kali Salts thus :

“Kali silicicum is useful in arthritis deformans; kali salicylicum in the atheromatous arteries of old people where the pulse-beat is hardly perceptible; kali arsenicosum in chronic dry eczema, in lichen and acne; kali hypermanganicum reduces a hypertrophied uvula (cf. muriatic acid). By Prof. Hegewald.”

All metallic and non-metallic salts have particular affinity for some of the organs. The points of discrimination may lead to their useful application.

Notification in Germany.

The *Public Health* of February writes :

“Prof. Robert Saundby, in a series of lectures on Medical Ethics, states (*Birmingham Med. Rev.*, Oct., 1906) that notification in Germany is a much more stringent obligation than it is in this country, as default, even when not wilful, may be punished under Article 327 of the Penal Code, by imprisonment not exceeding three years. That this is not an idle threat is shown by a case which occurred two years ago. A medical practitioner at Albendorf, a small place in Silesia, to which a number of pilgrims annually resort, failed to recognize two cases of small-pox, and consequently did not notify them. On their return home the pilgrims carried the disease with them, and 65 cases followed, of which six died. The Albendorf practitioner was prosecuted under Article 327 of the Penal Code, the prosecution demanding that he should be condemned to six months' imprisonment. The defendant pleaded that small-pox being practically unknown in Germany, he had no opportunity of studying the disease, and that he considered one case to be chicken-pox and the other bullous erysipelas. The Court, while rejecting this defence, refused to convict under Article 327, but convicted him of a breach of another law, which requires the notification of all suspicious cases, and fined him 150 marks (£7 10s.).”

The most important point in the notification is to avoid the spread of dangerous diseases. Medical practitioners should be forced by fine to notify contagious cases. Imprisonment is too heavy a penalty

where a medical practitioner has violated the laws. In India, properly speaking there is no such law except in Calcutta, Bombay and Madras.

Power of Attenuated Drugs.

The *Monthly Homœopathic Review* of February has the following interesting note which speaks for itself :

“There are those who are sceptical as to the value of attenuated drugs. They cannot see how ‘so little can help.’ Their materialistic minds associate effects with large masses of drugs. That has always been the main objection against homœopathy.

Just now our cause is receiving much aid from scientific investigations. That infinitesimal and (by methods now known to the chemist), undetectable quantities of drugs can exert a great power is being demonstrated more clearly as the time goes by. Perhaps the day will come when science will show that we were too moderate in our assertions of the mysterious force inherent in infinitesimal quantities of material substances. Let us look at a few of these facts:

I. Dr. Robin, of Paris, experimented with solutions of gold corresponding to our fifth centesimal potency (10 x), and found that ‘almost infinitesimal doses are endowed with very great activity.’ Here are some of the changes noticed:

1. ‘An increase of urea, which may increase 30 per cent.’
2. ‘An increase in the coefficient of nitrogenous utilization.’
3. ‘An increase in uric acid, which may reach high figures, as much as three times the initial quantity.’
4. ‘A positive flush of urinary indoxyl.’
5. ‘A decrease in quantity of total oxygen consumed.’
6. ‘A temporary rise of arterial tension.’
7. ‘A profound modification of the blood globules. An injection is followed after several hours by manifest leucocytosis, slight in a healthy person, intense in infectious disorders habitually associated with leucocytosis. Decrease in the number of leucocytes begins at the end of an hour, and lasts for a period of time, varying from one to two days. The red corpuscles do not seem to undergo any modification.’

He makes the following deductions, which confirm what homœopaths said a hundred years ago ;

1. ‘Metals in extreme subdivision are capable of remarkable physiologic action, out of all proportion to the amount of metal used.’

2. "Such metals, acting in doses which therapeutists considered heretofore as ineffectual and useless, by making a profound impression on some of the chemical processes of life, whose deviations are connected with many morbid conditions, are probably destined to take an important place among the remedies of functional therapeutics."

II. Pure water poured into copper or aluminium vessels does not show any traceable quantity of these metals. And yet, when inoculated with typhoid bacilli, these have disappeared in about three hours. It is well known that they ordinarily retain their vitality in water for a long time.

III. Or put argentum nitricum 1-1,600,000 in water and the growth of the aspergillus niger is inhibited. Carry the dilution up to the incomprehensible figure of 1-1,000,000,000,000,000 (15 x dil.) and filaments of the spirogea sustain life only about four minutes. Mercuric chloride shows the same action.

It might be interesting reading to have a report of all these experiments now in progress. And the limit has not yet been reached. If now we know that attenuations which were a few years ago considered devoid of all medical and chemical properties by the scientific man, are capable of influencing life, what may future discoveries reveal? We expect to see the efficacy of moderately attenuated homœopathic remedies fully proven by scientific, non-medical researches. And what then? Well, the usual thing will occur. They will present such results as recent scientific discoveries, ignoring the fact that homœopathy knew them a century ago."

Vaccination—A Fallacy.

The *Homœopathic Recorder* of January, 15, inserts this interesting letter :

"NATIONAL VACCINE ESTABLISHMENT,
Washington, D. C., September, 2, 1902.

DR. E. T. MILLER, Pittsburg, Pa.

Dear Sir :—Replying to your favor of the 25th, desire to say that in our opinion all bovinized lymph is from an original variolous infection, and that there is no such a thing as kine-pox aside from such infection.

Yours truly,

NATIONAL VACCINE ESTABLISHMENT.

If the statements of the National Vaccine Establishment in its letter to Dr. Miller were based on fact, it is obvious that people

who are inoculated with national "vaccine" are not *vaccinated*, but are *variolated* (small-poxed). This accounts for the fact, frequently noted, that vaccination during epidemics of small-pox spreads the latter disease by disseminating the variolous contagion. In the prolonged and destructive small-pox epidemic which scourged the City of Cleveland in 1900—'02, Health Officer Dr. M. Friedrich was unable to check the spread of the dread disease until he abolished vaccination. Immediately after discontinuing vaccination the epidemic began to abate and rapidly subsided, and finally died out within a few weeks, notwithstanding the fact that it had been raging for two successive years in the face of a vigorous vaccination campaign.

The Academy of Sciences, of Lyons, France, appointed a Commission under the presidency of M. Chauveau to investigate the nature of cow-pox in the cow as related to small-pox in the human subject. The virus of small-pox was inoculated on a large number of cows and horses. The inoculation on these animals was followed by papules without any noticeable constitutional symptoms. With the serous exudation obtained by scraping the papules thus produced inoculations were made on children, which resulted in local vesicles followed by the general eruption of small-pox. The numerous experiments made by the Lyons Commission all confirmed these investigators in the belief that "small-pox in its passage through the system of the cow is not transformed into vaccinia; it remains small-pox, and returns to the original state of small-pox when re-introduced into the human species."

These views have generally been accepted of late years on the continent of Europe. Other scientific investigators have shown that it is erroneous to suppose that the inoculation of calves with small-pox contagion will produce cow-pox.

Dr. George Wyld, of London, a vaccinologist of undoubted authority, endorses the conclusions of Chauveau. Dr. Wyld says: "Small-pox inoculation of the heifer produces, not vaccinia, but modified small-pox capable of spreading small-pox amongst human beings by infection." • If this statement is true, it explains why it is that small-pox epidemics always begin with the vaccinated.

Small-pox contagion inoculated on calves for the purpose of producing "vaccine" carries with it the contagion of other human maladies, such as cancer, syphilis and tuberculosis, which might be lurking in the system of the small-pox patient from whom the calf was inoculated. Notwithstanding this fact poxmanufacturers

and vaccinators have the audacity to designate this mixed contagia of men and beasts by the false and misleading phraseology, "pure calf-lymph."

The stuff is not pure : it did not *originate* with the *calf* or the *cow*, and it is no *lymph*."

J. W. HODGE, M. D.

Niagara Falls N. Y., December, 11, 1906."

After all vaccinia and vaccination turn to be a myth and marvel of preposterous ignorance. The Indian Government inoculate cow-pox, little knowing it to be small-pox. There is no difference between cow-pox and small-pox. Even now the Government persists in forcing vaccination, when the compulsory law has been withdrawn in England.

Vaccination also means danger of carrying contagious diseases which are ignored by the vaccinators, whose business is to make money at our expense.

The Lancet and Professor Von Behring.

The following correspondence has been published in the *Homœopathic World* of February by Dr. Clarke :

THAT the HOMEOPATHIC WORLD has in no way exaggerated the importance of Professor von Behring's admission of the truth of the homeopathic doctrine and his approval of the power of the infinitesimal dose is proved by a little history to be related below.

The HOMEOPATHIC WORLD's article—"The Coming Peril"—has been read both by the Editor of *British Medical Journal* and the Editors of the *Lancet*. The Editor of the former journal was content to write on it a note in his well-known elephantine-humorous style, headed "A Peril to Homeopathy," but he very judiciously refrained from making any reference to Von Behring. The attention of the Editors of the *Lancet* was called to the article by a correspondent. The following letter appeared in the *Lancet* of December 22nd :—

THE CLAIM THAT PROF. VON.BEHRING HELD HOMEOPATHIC DOCTRINES.

To the Editors of The Lancet.

SIRS,—The HOMOEOPATHIC WORLD (published in London), under date November 1, 1906, publishes what claims to be an extract from Behring's pamphlet, translated from the German, under a

headline in capitals: 'Professor von Behring acknowledges Homeopathy.' From the extract given I make the following extract:—

'I am touching here upon a subject anathematised till very recently by medical pedantry; but if I am to present these problems in historical illumination, dogmatic imprecations must not deter me. They must no more deter me now than they did thirteen years ago, when I demonstrated before the Berlin Physiological Society the immunising action of my tetanus antitoxin in INFINITESIMAL DILUTION' (capitals mine).

Of the truth or otherwise of this statement I am ignorant. That being so, may I through you ask those wiser than myself whether Professor von Behring did demonstrate before the Berlin Physiological Society thirteen years ago 'the immunising action of my tetanus antitoxin in infinitesimal dilution'?

I am, Sirs, yours faithfully,

DAVID ANDERSON-BERRY, M.D. Edin., F.R.S. Edin.

St. Leonards-on-Sea, December 14, 1906.

In reply to this I addressed to the Editors of the *Lancet* the following:—

PROF. VON BEHRING ON HOMEOPATHY AND THE INFINITESIMAL DOSE.

To the Editors of The Lancet.

SIRS,—I am glad to see that Prof. von Behring's pronouncement on Homeopathy and the power of the infinitesimal dose, quoted by me in the HOMEOPATHIC WORLD, has made one of your correspondents "sit up" no less effectually than Von Behring's remarks did Prof. Dubois-Reymond when his demonstration of the power of the infinitesimal in regard to tetanus antitoxin was made before the Berlin Physiological Society. If it is any comfort to Dr. Anderson-Berry, perhaps you will allow me to inform him that Von Behring's work containing the passage is entitled (according to the *Cleveland Medical and Surgical Reporter* of December, 1906) 'Modern Phthisio-genetic and Phthisio-therapeutic Problems in Historical Illumination,' 1906. Perhaps Dr. Anderson-Berry would prefer to administer tetanus antitoxin in massive doses rather than adopt a method devised by Hahnemann however safe and effective?

I am, Sirs, yours, &c.,

JOHN H. CLARKE, M.D.

8, Bolton Street, W.,

(Ed. HOMEOPATHIC WORLD.)

Christmas Day, 1906.

The next step in the proceedings was the receipt by myself of the following letter from the *Lancet* Office :—

THE *Lancet* OFFICES, 423, STRAND,
December 31, 1906.

DEAR SIR,—We have received your letter. We do not care to publish communications which allude to other professional gentlemen being made to 'sit up,' and we shall be obliged if you will give us a reference to the newspaper from which you quoted.

We are, yours very faithfully,
THE EDITORS.

Dr. J. H. Clarke,
8, Bolton Street, Piccadilly, W.

My reply to this was to send to the Editors of the *Lancet* the entire article from the HOMEOPATHIC WORLD of November last, marking the passage containing the phrase 'sat up.'

'I remember vividly,' says von Behring, "how Dubois-Reymond, who during the progress of the demonstrations and discussions had become drowsy, suddenly sat up all attention when I replied in about these words :—

" 'Gentlemen, if I had set myself the task of rendering an incurable disease curable by artificial means, and should find that only the road of homeopathy led to my goal, I assure you, dogmatic considerations would never deter me from taking that road.' "

I said that if the Editors of the *Lancet* preferred to substitute "startled" for the phrase "made sit up," they were at liberty to do so, but I thought they would admit that my allusion was sufficiently pointed.

Apparently it was too pointed by half, for that is the last I have heard of the matter. Up to the date of the last issue of the *Lancet* (January 19th) my letter has not appeared; and until this meets his eye their inquiring correspondent, Dr. Anderson-Berry, must remain unsatisfied. Can it be that the Editors of the *Lancet* have also been made to "sit up," and to fear that my letter, if published, might make the rest of their readers "sit up," no less erect than Dubois-Reymond and Dr. Anderson-Berry?

To the credit of the *Medical Press*, be it said that its sense of Editorial fairness is made of robuster stuff than that of the *Lancet*. Witness the following letter, which appeared in the issue of January 16th :—

SERUMS, VACCINES, AND HOMEOPATHY.

To the Editor of the Medical Press and Circular.

SIR,—If it is not too late to comment on some editorial remarks in your issue of December 26th, I shall be obliged if you will allow me a little space. The Christmas holidays put me in arrears, with my journals, or I should have taken the opportunity earlier.

In your note on the annual meeting of the British Homeopathic Association, you say: "It is entertaining to read that the present-day use of serums, vaccines, and emulsions brings the rest of the profession nearer to homeopathy." And you add: "We remember some time ago a homeopath claiming diphtheric antitoxin for their own."

I think, sir, you will allow that if there are two men living who know more about diphtheria antitoxin particular, and serums in general, than any one else, these two men are Dr. Roux and Professor Von Behring. It is on record that Dr. Roux has admitted that "there is truth in the Hahnemann method of curing likes with likes." And now Von Behring has published a statement which confirms this, and shows that it is the Seropaths themselves—if I may use the word—rather than the homeopaths who are proclaiming that the new practice is really homeopathy, with the infinitesimal dose thrown in. In his recent work (1906), entitled *Modern Phthisio-genetic and Phthisio-therapeutic Problems in Historical Illumination*, Von Behring, speaking of the tuberculin treatment of phthisis, says the "scientific principle" of it is not established, but:—

"In spite of all our scientific explanations and experiments regarding small-pox vaccination, Jenner's discovery remained an erratic block in medicine till the biochemically thinking Pasteur, devoid of all medical class-room knowledge, traced the origin of this therapeutic block to a principle which cannot be better characterised than by Hahnemann's word, 'Homeopathic.'

Indeed, what else causes the epidemiological immunity in sheep, vaccinated against anthrax, than the influence previously exerted by the virus, *similar* in character to that of the fatal anthrax virus? And by what technical term could we more appropriately speak of this influence, exerted by a *similar* virus, than by Hahnemann's word, 'Homeopathy'?

"I am touching here upon a subject anathematised till very recently"—I fear, sir, the present might also be included—"by

medical pedantry ; but if I am to present these problems in historical illumination, dogmatic imprecations must not deter me. They must no more deter me now than they did thirteen years ago, when I demonstrated before the Berlin Physiological Society the immunising action of my tetanus antitoxin in infinitesimal dilution. On this occasion I also spoke of the production of the serum by treating animals with a poison which *acted the better the more it was diluted*" (italics mine), "and a clinician, who is still living remonstrated with me, saying that such a remark ought not to be made publicly, since it was grist for the mill of homeopathy. I remember vividly how Dubois-Reymond, who during the progress of the demonstrations and discussions had become drowsy, suddenly sat up all attention when I replied in almost these words : 'Gentlemen, if I have set myself the task of rendering an incurable disease curable by artificial means, and should find that the road of homeopathy led to my goal, I assure you, dogmatic considerations would never deter me from taking that road.'

I think, sir, you will admit that homeopaths have plenty of outside justification for the claim they make, a claim which seems to have caused you some entertainment.

I am, Sir, yours truly,
JOHN H. CLARKE.

8, Bolton Street, W., January 13, 1907.

Dr. Clarke's letter is opportune and we doubt not that scientific medicine as propounded in homœopathy will ever gain the field. We remember that a Professor of the Calcutta Medical College admitted the truth of homœopathy but could not believe the infinitesimal dilutions. The fact is that the oppositionists of homœopathy are coming round on our side every day.

Fatigue and rest.

We take the following from the *Medical Times* of March :

"That change of occupation is generally restful is a popular notion which we as physicians have fostered. There are those, however, who oppose this view. Drs. Ackland and Lewis maintained before the Physical Section at the last meeting of the British Association that change of occupation is not necessarily recreation and that physical exercise is not a substitute for sleep. The toxic bodies produced by expansion of one set of centers affect others which have been unused, so that the evil effects of an over-worked brain are not counteracted by muscular activity. Féré, of Bicêtre, has also challenged the popular doctrine that rest is secured by a change of work. All these observers declare that the only remedy for fatigue is sleep ; and undoubtedly, upon reflection, we must agree that they are right. It was a wise maxim of Gladstone's : 'He who sleeps well lives long.' Blessed especially is the physician who, amid the irregularities of his practice, can sleep in any convenient season, 'at the drop of the hat.' And in our therapeutics,

especially of nervous cases, we are most successful whenever we can induce the best of all remedies—peaceful, normal sleep. 'Tis a wonderful restorer. Stimulants will induce energy temporarily; they may tide the worker over a period of stress until the task is accomplished; but fatigue follows all the more rapidly, and every great stimulation is followed by at least equal depression.

Rest, says Féré, to be beneficial must be taken freely and not enforced. It is remarkable how a rest of some twenty minutes in the afternoon will often prove so restorative that the mind and body become active, the eye clear and voice strong again until bedtime.

Another phase of the discussion at the British Association above referred to relates to the general impression that a shorter working day improves the quality of the work done. This, it seems, is not uniformly so. Some persons actually feel the need of more than eight hours of labor. If they would sleep when their work was ended rest would follow. But the energy unexpended in work is even more fatiguing than work itself. "Satan finds some mischief still after the eight-hour day is over." There are marked individual differences in the depth and time of slumber. Those who work by day get a maximum soundness of sleep in the early hours. Night workers begin by sleeping lightly and the maximum soundness comes during the later hours. Neurotics have two maxima of sound sleep, one at the beginning, the other at the end of their rest. Between these extremes their sleep is so light that it is easily disturbed, and insomnia may become habitual. The comparative soundness of sleep may be determined by the character of dreams. When the dreaming is fantastic and incoherent, sleep is deeper than when the imagination pursues a more logical and orderly course. It is unfortunate, however, that excessive fatigue, for which sleep is the only safe remedy, often produces insomnia, thus making the remedy unattainable."

Much has been written on fatigue and rest. It has been found that the application of one rule courts failure. Fatigue may be due to many causes. Some of them are: 1. Disease. 2. Night work. 3. Overwork. 4. Disturbed sleep. 5. Intemperance. 6. Unhappy occurrence. The effect of these causes can not be prevented by one and the same means.

Then there is the intensity of fatigue, coupled with age proclivities. A child sleeps for his physiological necessities. The young and the old sleep to gain physiological as well therapeutical effects. For therapeutics, hypnotism is the best resort when mild persuasions fail, and the artificial drugs of the old school are the worst. When a cause of disturbance is removed there may be sleep. But to remove a cause is not an easy task. The more we think of fatigue and rest the more we are impressed with the idea, that the task is not often possible to perform.

CLINICAL RECORD.

Foreign.

ANGINA PECTORIS.

BY ERIC GRAF VON DER GOLTZ, M. D.

Mr. S., 54 years of age, formerly always in good health, very active, suddenly began to suffer from dyspepsia as it was first called and treated for without any result.

In time distinct asthmatic like cramps under the sternum began to develop, with irregular pulse, beginning emaciation, quickly falling weight from 153 pounds to 132 pounds. Extreme weakness with prostration aggravated the ailment. If formerly the attacks had appeared only once in a while, they showed themselves now on the slightest sudden motion of the body.

As patient on August 2d, '05. presented himself for examination; his appearance well affirmed the prognosis of his former physicians, *incurable*, especially as patient to obtain relief resorted to an advertising physician, whose medication, not only heroic in the extreme, but also with the most vigorous dieting, gave him nearly the coup de grace!

Advising and giving special directions for a selected and nutritious diet, the writer gave *Kali phos.* and *Magn. phos.*, both in 6x, two tablets alternately every two hours, together with *Magn. phos.* ix in five grain powder doses for the attack, to be repeated as often as necessary.

Aug. 4. Patient felt and looked improved; since the beginning of treatment, two days ago, no cramps.

Aug. 9, 11. Steady improvement; no cramps.

Aug. 20. Improvement. Placebo (*Sac. lac.*).

Aug. 23. Had a spoiled stomach, creamy-coated tongue. *Nat. phos.* 6x, three grains every three hours.

Aug. 24. Stomach better. Placebo again.

Sept. 2. *Kali phos.* and *Magn. phos.* are given again; the preceding day a slight attack.

Sept. 6. Intercurrently, *Kali sulph.* 6x for stomach and constipation.

Sept. 10. Further improvement in general feeling; stomach in order again. (*It must here be remarked that patient always had a very weak stomach.*)

Sept. 14. Continued improvement. On account of bodily weakness, *Calc. phos.* 12x, two grains every morning.

Sept. 20. Had two small attacks (hardly to be noticed, as he himself expressed). *Kali phos.* 200, one dose of two grains.

Sept. 24. Feels well again.

Sept. 28. Continued improvement.

Oct. 1, 5, 8. Continues to feel well, stomach also seems to get more active. The appearance of the face and the disappearing listlessness are noticeable.

Oct. 11. Patient had in the evening of the tenth, owing to some business trouble, a very great mental shock and excitement, with bodily strain, resulting in an attack of twenty minutes. Pulse is irregular. *Kali phos.*, *Magn. phos.*

Oct. 12. Quick and prompt recovery. Placebo.

Oct. 17, 25 and Nov. 2. Uninterrupted recuperation and improvement; no medication since Oct. 25.

Nov. 5 to Jan. 11, '06 (twenty visits). Continuous improvement, very slight, nearly no attacks; patient had perhaps mistaken some gastric pains for angina; patient more or less hypochondriacal; on medication.

Feb., March, April. Patient without pain, beginning slowly to increase in weight; also begins to be able to develop his former business activity. April 15th especially must be mentioned as the starting point of slow but uninterrupted increase in weight. The scales so far had always vacillated around 132 to 133½ pounds; the weight on this day (April 15) was 136½ pounds, and from then constantly on the increase.

May 1; 13, 20, 27; June 1, 17, 24; July 1, 8, 25. Patient continues to improve; even, lately in July, climbing of steep mountains and rowing (continuously for two hours) did not bring on any symptoms of his former angina pectoris.

With this the treatment and attendance of this case of angina pectoris was brought practically to an end as fully cured. The patient is now in full enjoyment of the restored vital forces.

The conclusion of this case of angina pectoris raises the question: How have *Kali phos.* and *Mag. phos.* worked biochemically? Why are *Mag. phos.* and *Kali phos.* exceptional in their angina therapy from the biochemical point, as the writer was unable to find these remedies mentioned by any homœopathic writer, nor in the greatest and completest clinical indices, nor in the latest pocket-book repertoires.

If we inquire for the action of *Kalium phosphoricum*, we will find that this salt is contained in the cells of the nerves, muscles and blood, as also in the brain. Therefore, a disturbance in the motion of its molecules produces (in the works of the late Schuessler), "In the vasomotoric nerves, at first a small and frequent pulse, later on it is retarded; in the trophic fibers of the nervous sympatheticus, retardation of nutrition even to total cessation."

In regard to *Magnesia phosphorica* we learn that this salt, besides other functions, from its presence in the blood-corpuscles, muscles and spinal marrow, nerves, bones and teeth, effects a certain liquefaction of stagnated material, and is in that respect a forerunner to *Silicea* in the sclerotic state of the arteries, here the coronary arteries. The two salts now as being contained in muscles, nerves, blood-corpuscles, etc., are in such pathological and resulting semiotic condition of the heart, with the absolute negligible symptomatology indicated.

This biochemical theory, though claimed to be vague, relies on physiological facts, which last, no least, results in unexpected cures, as in the foregone grave case.

In a case of more prominent sclerotic symptoms *Magnesia phos.* and *Silicea* would be the chief remedies.

Silicea, *Nat. mur.*, *Kali mur.*, *Calc. phos.*, *Kali sulph.*, etc., are not mentioned by homœopathic writers as possible remedies in angina pectoris in their respective "Indices Clinici."

Biochemistry hardly knows specifics and is always reckoning with the constitution of the concrete case from the pathological point of view.—*Homœopathic Recorder*, January, 15, 1907.

SAMPLES FROM MY CASE BOOK.

By W. J. HAWKES, M. D., Los Angeles, Cal.

DYSPEPSIA.

Case No. 1.—Bertha Harnus, aged 15, has had dyspepsia for two years, has been much worse during the past two months. She complains of dizzy spells, with nausea and vomiting about one hour before meals. A tasteless, watery fluid is vomitted always after meals. Complains of much rumbling in stomach and bowels; appetite fair; stools dry, hard and crumbling. She also complains of rheumatic pain beneath the knee of right leg; this pain is aggravated by motion, although it is worse while lying. Complains of bitter taste in the mouth in the morning; compares it to bad eggs; feels much better in every way while in the open air.

The diagnosis in this case is dyspepsia complicated with rheumatism; the remedy prescribed—*Bryonia*. Characteristic indicating remedies are: The nature of the stools, bitter taste in the mouth, and rheumatic pain aggravated by motion.

Bryonia was prescribed December 4th; on the 12th she reported very much better; the pain under the knee had disappeared, the constipation was cured. December 18th the report was still improvement.

COUGH.

Case No. 2.—A man, aged 41, shoemaker by occupation, has had a cough and trouble with his chest for more than a year; cough raises a grayish-white, sticky substance. His cough is worse from 4 to 8 P. M., and is accompanied by a pricking pain in the chest. This pain also disturbs him at night and between 2 and 3 A. M., and on rising in the morning. He has been steadily losing flesh during the past year and complains of a cold feeling between the shoulders; appetite fair, but at times a mouthful or two seems to fill him to the neck, giving a sense of satiety which prevents his eating a full meal. The urine deposits a sandy, white sediment; complains of pain in the renal region, which is aggravated if he is obliged to retain his urine after he has experienced a desire to void it. He complains of cold feet, especially the right foot, which is much colder than the left. All his troubles date from an attack of "la grippe" one year ago.

On January 8th *Lycopodium* was prescribed. The symptoms determining the selection of this remedy were: Period of aggravation from 4 to 8 P. M.; color of the sputa, grayish-white; sense of satiety on beginning to eat; pain in the renal region, aggravated by retaining the urine and relieved by passing it; sandy sediment in the urine and one foot colder than the other.

January 15th, he reported himself very much improved.

STOMACH TROUBLE.

Case No. 3.—Man, aged 58, complains of stomach trouble, which he says has existed for seven years. Pain in the stomach of a burning, pricking character, eased by pressure, except that he can not bend forward on account of the pain. Complains, also, of headache and dizziness, often as if he would fall; is very thirsty for cold water but if he drinks much of it his stomach is distressed and the water is thrown up. Does not sleep well; after sleeping two hours he wakes and is unable to go to sleep again; rises and walks about on account of a nervous restlessness which compels him to do so. Complains of chilliness in the back of the neck and between the shoulders; fre-

quent urination; coughs in the early morning. Complains of shortness of breath; when the cough attacks him he is obliged to sit up.

On January 8th *Arsenicum* was prescribed. The symptoms deciding its selection were: The burning sensation in the stomach; thirst, with intolerance of cold water which was craved; restlessness at night, obliging him to get up and walk about; chilliness between the shoulder blades, and difficulty of breathing, especially when lying.

On January 15th, and every succeeding week up to February 26th he reported steady improvement. He received no medicine except three powders of the remedy given him on January 8th.

It will seem strange to those who did not understand the philosophy of the single dose, when I say as the patient said, that he had improved more during the week from February 19th to 26th than during any previous week since receiving the medicine.

DYSPEPSIA AND CONSTIPATION.

Case No. 4.—Man, aged 28, has had dyspepsia and constipation for one and one-half years; has taken much of all kinds of drugs. He complains now especially of bad taste in the mouth in the morning, that he tastes his food four or five hours after eating a meal, and it then tastes as it did when eaten; the stomach feels weak. Two hours after eating he experiences a feeling of heaviness in the stomach with sour belching. Constipation is characterized by a desire for stool without the ability to accomplish anything. Does not sleep well during the latter part of the night; awakening about 3 o'clock and lying awake or half asleep for hours feeling unrefreshed when it is time to get up. Very low-spirited, and has lost his ambition. Hands and feet cold. He is cross and irritable.

On January 8th *Nux Vomica* was prescribed. The symptoms deciding the choice of this remedy were: The fact that he had taken large quantities of drugs; heaviness in the stomach some hours after eating; wakefulness and aggravation in the early morning hours; cold hands and feet; cross and irritable; desire for stool without the ability to accomplish anything.

On January 15th reported better generally, and so continued to report weekly until February 5th, gaining as much in the last week as in the first or any other since beginning the medicine, although he had medicine only on his first visit.

INDIGESTION.

Case No. 5.—Young married woman, aged 19 years, has been greatly troubled with indigestion for six years; her family history is bad.

some of her family having died of consumption, and her mother of typhus fever. She now complains of distressing, heavy feeling in the stomach after eating, with sharp pains for two hours, after which she is very weak; also complains of pain in the left side; heavy feeling after eating, and sour belching; bowels regular; menses appear only once in six weeks; complains of pains in right ovarian region while menstruating, also of a bearing-down, distressing feeling in that locality during the two weeks she goes beyond her time; feet cold and dry day and night; tongue white and furred; gone feeling before eating, which is relieved by eating; red sediment in the urine; also complains of a shooting, darting pain from around and below the gastric region up to the heart, which causes her great alarm and is so severe she has to hug herself to relieve it. She feels generally worse in the latter part of the afternoon and early evening.

On October 30th she received *Lycopodium*. The symptoms deciding the choice of this remedy were: The period of aggravation; red sand in the urine; shooting, darting pain from the gastric region up to and around the heart.

November 6th she reported general improvement, there had been no cramps since, heavy feeling in the stomach not so severe, the sandy sediment had almost disappeared from the urine, the sharp pains in the region of the heart about the same. *Sach. lac.* was prescribed. Report from week to week until December 4th was general improvement, except during the past few days. At this time three more powders of *Lycopodium* were given, and the report of improvement was continued weekly until January 8th, when the symptoms seemed to indicate *Sepia*, which was prescribed in the same manner as had been the *Lycopodium*. The report for the succeeding three weeks was of general improvement.—*The Homœopathic Envoy*, February 1907.

Gleanings from Contemporary Literature.

LIGHT AND THE VISUAL SENSE.

A Study in Biological Physics.

By HENRY A. FOTHERBY, D.Ph. (Camb.), L.R.C.P. (Lond.), &c.

"The method by which a ray of light is able to stimulate the endings of the optic nerve in the retina in such a manner that the visual sensation is perceived by the cerebrum is not yet understood. It is supposed that the change effected by the agency of the light which falls upon the retina is, in fact, a chemical alteration in the protoplasm, and that this change stimulates the optic nerve endings."—(Halliburton.)

We know that the energy of light as well as heat and electricity are capable of producing chemical action. For instance, if a mixture of chlorine and hydrogen gases, which will keep indefinitely in the dark, is exposed to sunlight they will combine with explosive violence. The principle on which photography depends is the influence of light in producing chemical change in silver chloride, which becomes blackened owing to the reduction of silver. It is from the radiant energy of sunlight that chlorophyll, the green colouring matter of plants, derives chemical energy whereby plants are enabled to build up their tissues from the elements of carbon dioxide and water.

It has been observed that movements take place in the pigment granules of the retinal cells under the influence of light. The retinal cones also shorten in its presence and elongate in its absence. In the retinal rods of certain animals, notably frogs, there is a certain pigment called visual purple, which, though present in the dark, disappears in the presence of light, and reappears again directly the light is withdrawn. The visual purple is also found to undergo distinct changes of colour when exposed to other lights than white light.

It was on observations such as these that Hering based his theory of colour vision, consisting of six primary colour sensations, in opposition to the Young-Helmholtz theory of three only. The former suggests that these consist of antagonistic or complimentary colour sensations, black and white, red and green, yellow and blue, and that the stimulus producing each severally is caused by changes either of disintegration or assimilation taking place in certain three substances of the nature of visual purple, which it is assumed exists in the retina. Thus, in the case of the red-green substance, if assimilation is in excess of disintegration the sensation is red, if the reverse it is green, but when equal no sensation occurs. The Young-Helmholtz theory, on the other hand, teaches that there are only three primary elementary colour sensations—red, green, violet—and that the end-organs of the optic nerve in the retina, the rods and cones, consist of three varieties, each one specialised to respond to one of these three colour sensations, and that all the different shades of colour

are due to the different degrees in which they are severally excited, the sensation of white being produced only when they are equally stimulated. This latter is the more generally accepted theory of colour vision. How these three colours, red, green, and violet, were selected and found to be the only fundamental colour sensations would take up too much space to describe here. It must suffice to say that it was due to a series of experiments by which the retina was exhausted for various colours, with the result that the fatigue manifested itself in these three colours, and it was found also that these three colour sensations could not be produced by any combination of other colour sensations.

The eye is not only a complicated optical instrument, but it is at the same time a vital organ of extreme delicacy functioned for the purpose of receiving sensory impressions of radiant energy, the velocity of whose radiations lie between certain definite limits, and transmitting them to the optic nerve centres in such a way that they can be translated into sensations of light and colour. It is owing to this fact that these rays have received the name of luminiferous ether. When the ether vibrations have acquired a velocity of 450 millions of millions a second they affect the retina and become appreciated as the sense of red; as the vibrations increase in velocity the colour sensations experienced are those of the solar spectrum from left to right, namely, from red through orange, yellow, green, blue, purple to violet, at which point the ether vibrations have reached the enormous velocity of 727 millions of millions per second. Beyond this point, what is technically called the ultra-violet portion of the spectrum is reached, where the vibrations become too rapid to be appreciated by the eye, and they consequently cease to be luminous. For example, "When a wire is heated in a spirit lamp placed in a dark room the particles of which the wire is composed are thrown into a state of violent vibration. As the heat increases the vibrations increase in rapidity. They are communicated to the ether, which surrounds and permeates everything; and the movements thus set up—infinately small waves in this infinitely big ocean which fills all space—are sent off on their journey in all directions. At first the undulations are too slow to affect the retina, though they affect the skin. We perceive that the wire is hot if we hold it to our cheek an inch or two away, but our eye reveals no change. As the heat increases the rate of the waves increases, and when they reach to the enormous number of about 450 billions—that is, 450 millions of millions—per second, we see that the wire is glowing red. The ordinary physical cause of sight, then, is found in the fact that undulations or vibrations of almost inconceivable rapidity are affecting an organ specially adapted for receiving them, *viz.*, the retina. . . . If we think this over we shall see that it involves the conclusion that what we call light does not exist in the universe apart from eyes to see it. The 'light rays' that physical science deals with are, in themselves, no more red or blue than the dark heat rays or than the X-rays of which we have heard so much of late; the sunshine would have no splendour, but from

the eyes which see it. If eyes did not exist, the sun's rays would produce their beneficent effects on plants and animals just as they do now, but the splendour and beauty would not exist. They are due, not to the physical cause, but to the mysteries of a piece of living tissue, the retina, which has been given the power to select those rays composed of undulations of a certain degree of rapidity, and to somehow make them the occasion of mental facts of unspeakable beauty."—(Ryland. "The Story of Thought and Feeling.")

Having examined the nature of light and vision thus far, the question which naturally suggests itself is, how is the energy of light converted into a nerve impulse, and if, as seems probable, there are only three primary colour sensations, by what means are these severally differentiated?

The retina consists of several distinct layers of living protoplasmic cells, the most remarkable of which are the layer of rods and cones, which are found on the surface, and which, consequently, are the first to receive the impressions of incident rays of luminiferous ether. What happens in these cells under its influence? We know by examination of other tissues that protoplasm has the power of forming in its life processes certain bodies called ferments, which, under certain conditions and in the presence of favourable surroundings, produce chemical changes, either katabolic (destructive) or anabolic (constructive), without themselves being in any way affected. For instance, the gastric cells produce a ferment called pepsin, which is able to convert the proteids of food into peptones; so also the pancreatic cells possess a ferment called amylase, which is able to convert starches into sugar, with the evolution of various forms of energy, chemical, nervous, &c. Is it not possible, too, in case of the retinal cells, that the process by which the energy of light is converted into nervous energy may be a process of fermentation, and that the ions of luminiferous ether, acting on the ions set free by a ferment body present in these protoplasmic cells, may produce katabolic, and possibly anabolic, changes, which, liberating electrovital force and nerve stimulation, are conducted by the filaments of the optic nerve to the visual centres in the brain, to be there interpreted by the consciousness as sensations of light and colour?

That light will produce these changes in the retinal cells is well illustrated by Waller's researches, and that the presence of ferment bodies in protoplasmic cells may through ionic action give rise to nerve force is supported by Dr. Allchin in a lecture given by him on "Nutrition and Malnutrition," reported in the *Clinical Journal*, April 1905.

The former experiments are described in Halliburton's "Handbook of Physiology" as follows:—"The excised eyeball of a frog is led off by non-polarisable electrodes to a galvanometer. One electrode is placed on the front, the other on the back of the eye. A current of rest (demarkation current) is observed passing through the eyeball from front to back. When light falls on the eye this current is increased; on shut-

ing off the light there is a momentary further increase, and then the current slowly returns back to its previous condition. Waller explains this by supposing that anabolic changes in the eye predominate during stimulation by light. With the onset of darkness, the katabolic changes cease at once, and the anabolic more slowly; hence a further positive variation. If the eyeball has been excised the day before the observations are made, or has been fatigued or injured, light produces principally katabolic changes, as evidenced by a negative variation. A slight positive effect follows when the light is shut off."

On the question of ferment bodies producing nerve energy, &c., Dr. Allchin expresses himself as follows:—"The vital activities of the living cells would seem to consist essentially in the formation of ferment bodies which alone, or in combination, effect those integrations, and disintegrations which liberate chemical energy, and that this by transformation produces muscular work, nerve force, and secretory function, the fundamental manifestations of life. That these enzymes do bring about these changes in such conditions of temperature and alkalinity or acidity as obtain in the body appears to be certain, and as an explanation of the activity of the bioplasm, which elaborates these bodies, there is postulated an ionic action on the part of the cell contents, and their surrounding medium whereby charges of electricity of variable strength and character are brought into conflict, and that from the play of ions the manifestations of vitality result." Whether visual purple is of the nature of a ferment, as seems to be suggested by Hering's theory of colour vision, is not at present known, neither has its presence been demonstrated in the human retina as far as I am aware.

That ionic action should be produced by light in the presence of a ferment contained in the retinal cells would not be incompatible with the Young-Helmholtz theory of colour vision depending on three primary colour sensations, red, green, and violet, if we suppose that there are present in these cells three ferments capable of specially responding to each of these radiations (or one ferment even having the property of three separate reactions in an ascending scale of katabolism). It is important to note the position in the spectrum of these three radiations. On the extreme left are those which give rise to the sensation-red, of comparative long wave-length; that is, those which act least powerfully on the photographic plate; in other words, whose actinic or disintegrating powers are least powerful of the luminiferous rays; in the middle are those which give rise to the sensation of green, where actinic action occupies an intermediate position; whilst at the extreme right are those of shortest wave-length, which give rise to the sensation of violet. These are the so-called "actinic waves," whose actinic action is greatest, and which act most powerfully on the photographic plate.

Therefore, granting that in accordance with the Young-Helmholtz theory there are in the retina rods and cones which answer to each of these three primary colour sensations, and bearing in mind the above facts

that the radiations producing them respectively occupy three fixed points in the spectrum, left, middle, and right in an ascending scale of actinism (power to produce chemical change), I would suggest that an ionic action is induced by these radiations in association with three distinct ferments present severally in the rods and cones specialised to receive them, each ferment being specially capable of producing katabolic changes under the influence of the particular radiation concerned, and out of the energy thus liberated three corresponding degrees of nerve stimulation arise to affect the nerve cells in the deepest layer of the retina, which, on being transmitted by the nerve fibres to the nerve cells in the visual centres of the brain, are interpreted by the consciousness as the above colour sensations. The various other shades and colour effects seen in Nature are probably due, as the Young-Helmholtz theory teaches, to the different degrees of stimulation these three-colour terminals receive. Thus, if a large number of rods or cones, responding to the radiations to the extreme left of the spectrum, are brought under the influence of these rays and those which respond to green and violet are hardly affected by their corresponding radiations, the sensation would be red. If, however, orange is the colour sensation produced, then it will be owing to the red terminals or rods and cones corresponding to red that are considerably influenced, the green rather more, and the violet only slightly so, &c. In bringing this paper to a close I must acknowledge my indebtedness to Watson's "Text-book of Physics," Ganot's "Popular Natural Philosophy," and Halliburton's "Handbook of Physiology."—*Knowledge*, December, 1906.

THE USE AND ABUSE OF WATER.

BY Q. W. HUNTER, M.D., LOUISVILLE, KENTUCKY.

As the superscription indicates, this is not intended to be a scientific dissertation on the various uses to which water may be put, either in health or disease, the writer's purpose being simply to gather a few random notes which he hopes may not prove uninteresting to the average reader.

At the outset one is reminded that at no period has investigation as to the physiological effects of water, *per se*, received the serious consideration and attention which the importance of the subject should command, although much has been previously written concerning the therapeutic uses of water (hydrotherapy), the advantages of systematic bathing, in health and disease, the various kinds of baths required, etc.; nor on this occasion will any attempt be made to clearly elucidate the physiological intricacies involved.

Water employed in the form of baths must necessarily affect, directly or indirectly, the human organism chiefly in two different ways, *viz.*: (1) through its mass, and (2) through the temperature which it carries. When used merely for purposes of personal cleanliness, it is, of course,

for the direct effect which it has upon the tissues with which it is brought into immediate contact; but when employed for its effect upon remote parts,—those with which immediate contact is impossible,—then the influence exerted is indirect, i. e., through the nervous mechanism. As is well known, different tissues of the human body react dissimilarly toward water applied at various temperatures, e. g., connective tissue expands under the influence of hot water, and contracts under that of cold, whereas the converse is probably true with the elastic tissues.

It is important in considering the question of hot and cold baths, to remember that the average temperature maintained by the normal human body (in health) in all climates, with little or no variation, is 98.6° F. The assumption is reasonable therefore that all the chemical processes and physiological functions essential to human life and physical well being are most advantageously performed at about these degree of temperature; and this presupposes the existence of an extremely complicated and perhaps little understood heat-regulating apparatus, one which shall be requisite to properly maintain this even temperature. It would seem most natural under these circumstances that the bath which has for its object personal bodily cleanliness, for purely its local effect upon the body and its functions, should properly be of a temperature which shall not interfere with heat-production or heat-radiation; in other words during health the bath intended merely for external cleansing purposes should be of such temperature as shall feel neither hot nor cold to the individual. Of course this assertion has no reference to hot or cold baths during the course of acute or chronic disease, and that hydrotherapy has distinct and positive indications, and that it may be employed with signal benefit, in numerous diseases to which human flesh is heir, there is abundant evidence to prove. And when one recalls the effect which may be produced upon remote tissues and internal organs by external application of water at high or low temperature, as indicated; when it is remembered that effect may vary with the degree of temperature at which water is applied, the power of this apparently simple agency for good or evil cannot fail of appreciation, and the importance of a thorough and comprehensive knowledge and understanding of its physiological properties, its indications and limitations becomes paramount in order that its logical and rational application may be insured. For these reasons the greatest care should be exercised in recommending either very hot or very cold baths, to the end that the anticipated benefit and not harm may ensue.

Beyer states that it has been experimentally demonstrated during bathing an electrical current passes from the warmer to the colder medium; that is to say in a bath which feels cold there is a descending electrical current, and in one which feels warm there is an ascending current; that the strength of these currents varies in direct proportion to the temperature difference existing between the body and the surrounding water. And the currents thus called into existence either weaken

or strengthen the normal nerve-currents constantly present in the living, active human organism ; thus the normal efferent motor current is directly strengthened by a cold bath, hence the natural inclination when taking a cold bath is to indulge in vigorous muscular movements ; and in such a bath for the reason already intimated the normal nerve-current in efferent^{*} nerves must be weakened. Another important observation in this connection is that a certain amount of swelling by absorption occurs whenever the body is kept in contact with water for a sufficient length of time. A calming effect is said to be produced whenever this swelling by contact is greater than the electrical current is strong ; on the other hand an exciting effect is produced whenever the electrical current preponderates. The prompt disappearance of an itching sensation about the surface of the body (either in health or disease), as well as that feeling of general fatigue, which usually follows subjection of the body to the influence of a hot bath, may be explained by the swelling which takes place in the peripheral termination of the nerves of general sensation.

Beyer further declares that the existence of special endings of temperature nerves in the human skin having been demonstrated conclusively, not only by physiological experiments but by clinical and pathological observation, it is probable that through these the greater portion of the reflex effects, due to the water, are produced ; that in any event every known fact so far ascertained seems to point to the nervous system as being the channel through which water of varying degrees of temperature affects the normal functions of the body in bathing. The refreshing and restorative qualities of a moderately cold douche after having taken a certain amount of vigorous exercise are well known, as is also the effect of a small quantity of cold water thrown into the face of one seized with syncope. The fact must not be allowed to pass unobserved that the normal excitability of nerve-endings in the skin may be increased or diminished by contact with water of different degrees of temperature ; thus experiments made with the aesthesiometer (Sieveking) have proved that hot water will increase, and that cold water will diminish, excitability to a great degree, even to the production of complete anaesthesia. In addition to the local effect of hot and cold water upon the nerve-endings and their functions, as already noted, there must also be taken into account the reflex effect produced by the same agents upon the motor and inhibitory nerves. As is well known, contraction of both voluntary and involuntary muscles may be induced reflexly by application of cold water, and moderate chilling will invariably induce contraction of the capillaries as well as the smaller arteries and veins ; whereas moderately hot water will cause dilatation of the blood vessels, thus clearly indicating a reflex influence upon the vaso-motor portion of the sympathetic nervous mechanism. And the extensive vascular dilatation which follows temporary contraction induced by application of cold water shows the effect of stimulation of the inhibitory and vaso-dilator nerves which has been thus produced. Cases are not infrequently observed where temporary

blanching of the skin has been succeeded by intense hyperæmia, stasis and congestion. As further evidence that the phenomena induced are reflex in origin, it may be said that contraction of the blood-vessels is not confined solely to the region to which cold is applied, but may be observed at remote points. Some interesting experimental work has been undertaken in this connection during recent years, but to review it more extensively would unduly prolong these superficial and desultory remarks.

Hydrotherapy is best defined as the use of water for relief or of cure of disease, which includes the application of water in any form, solid, fluid, or vapor (from ice to steam), internally or externally. There has been much discussion as to the relative importance of hot and cold water in therapeutics, but the *consensus* of opinion is that the matter remains unsettled, as both have direct and indirect indications, contra-indications and limitations.

If it could be sufficiently emphasized to secure realization of the fact that water is a better antipyretic than aconite or phenacetin, a better analgesic than opium, a better sedative than the bromides, a better heart tonic than digitalis, a better cathartic than calomel, a better diuretic than potassium citrate or buchu, it would certainly be more extensively employed than is true at present. For all these purposes it may be said that while not necessarily the more active, water is the better remedy; moreover, it is practically harmless provided the same degree of intelligence and common sense be employed in its administration as is supposed to be exercised in the rational application of other therapeutic agencies, therefore the *rationale* of its employment, either internally or externally, should be thoroughly understood and appreciated to secure successful result.

It is now a recognized fact that the internal administration of pure water is almost invaluable in the management of all febrile conditions, and the patient should be encouraged to partake of it freely since it assists in filling depleted vessels, dilutes toxins circulating in the blood, stimulates activity of the kidneys, skin and intestines, thereby aiding the elimination of by-products of morbid metabolism through these channels and conducing to the feeling of comfort on the part of the patient. The importance of water, *per se*, for maintenance of the human organism is a well-recognized physiological fact; it not only furnishes a solvent for the elements required in the life and functions of the tissues but serves to maintain that degree of tension necessary for proper circulation of the lymph stream. According to Glax the pulse is affected according to the temperature of the water taken, cold water reducing the frequency from six to thirty beats; he has seen reduction from eighty to forty-nine beats from the ingestion of 45 ounces of water at temperature of 43° F. in doses of nine ounces at intervals of thirty minutes. Warm or hot water is said to increase the pulse from ten to sixteen beats and the character of the pulse is more or less affected by the quantity of water ingested. Glax claims the changes in the pulse ensue too quickly to be

the result of an increased amount of water in the blood, that they are probably the result of reflex action upon the vasomotor centers. The assertion would seem warranted, therefore, that the internal use of cold and hot water has a more or less definite influence upon the vasomotor mechanism not dissimilar to that which is produced by external application of the same agents.

Stovall claims that the diuretic effect of water taken internally depends not upon the quantity ingested, as has been erroneously supposed, but rather upon an increase of blood pressure produced by irritant action of the cold and consequent increased rapidity of the blood streams in the kidneys; for this reason the diuretic effect is absent when water is taken lukewarm, or when the heart is unsound; but hot water having the same irritant action produces the diuretic effect. He also says the constitutional effects indirectly induced by the drinking of either cold or hot water are, of course, those associated with improvement of digestion, that the constitutional effects directly induced are slight increase of vascular pressure, increased flow of urine, at times a laxative effect upon the bowels, increased secretion of the glands of the alimentary canal, and as a result of discharge of their secretions flushing of excretory organs, particularly of the kidneys, which carry off so much of the effete matters resulting from metabolism. His suggestions as to the therapeutic uses of water internally (either by the mouth or rectum) may be epitomized as follows: (1) In functional disorders of the stomach and intestines, especially in chronic gastric or gastro-intestinal catarrh; in some cases of constipation, in flatulent conditions, or catarrhal irritability, causing irregularity of the cardiac rhythm, or palpitation; (2) In lithemia, accompanied by acid, high colored urine, the flushing of both the alimentary and urinary tracts, with largely increased diuresis, irrespective of its increasing the amount of circulating fluid in the bloodvessels, does actually (as it is popularly expressed) purify the blood.

The hot compress as well as the hot douche have long enjoyed an established position in rational therapeutics, but there has existed a popular prejudice against local applications of cold, and the inestimable value of the latter, especially in febrile conditions, including typhoid fever, pneumonia, smallpox, scarlatina, and other diseases in which the temperature range is high, suggests the importance of attempting to overcome this prejudice. The cold bath, cold pack, cold sponging, perhaps owe their efficiency not so much to abstraction of heat and reduction of temperature (although their value in this respect must be duly recognized), as to the tonic effect upon the entire system induced by temporary shock to the sympathetic nerves and the reaction which follows vigorous friction, stimulating stronger action of the heart, raising blood pressure increasing the activity of the skin and the kidneys, thereby promoting the elimination of toxic materials. And it may be said that cold water is scarcely less valuable in some of the chronic diseases where its tonic effects prove of decided benefit without secondary relaxation; here, too, hot water, or

the alternation of heat and cold, may find many indications, improving vaso-motor tones and stimulating nutrition. Again, in those who indulge too freely in rich and proteid foodstuffs, and those who take insufficient exercise, there is a tendency of the blood to become charged with the products of defective metabolism, a condition which if allowed to persist conduces to permanent arterial changes and likewise predisposes to numerous serious diseases; here water is an invaluable remedy, and with proper adjustment of habits and diet may be the only assistance required by nature to restore physical equilibrium.

In writing on the rapid treatment of typhoid fever, another author makes the following assertions: It must be admitted that the cold tub bath is repugnant, especially in private practice, and cannot be carried out in all cases. It is found that a sprinkle bath gives tone to the nervous system, is equally effective and cannot be objected to as it is simple, easy to control and pleasant. It reduces the fever, tranquilizes the patient, and gives the least amount of trouble to both the patient and attendant. The internal administration of water is based both upon physiologic data and experiment. It keeps the blood fluid; it prevents dryness of the skin and mucous membrane; it cleanses the system of waste; is agreeable to the patient, and is absolutely free from a single contraindication.

The use of water for the purpose of gastric lavage as recommended and practised by many eminent therapists both in this country and abroad is too well-known to require any extended mention. Likewise the indications for gastric lavage in gastric and gastrointestinal irregularities are equally familiar to the average reader of therapeutic literature. Many cases of so-called chronic dyspepsia, nervous dyspepsia, constipation, ileus, dilatation of the stomach (due to atony), gastralgia, gall stones (?), and numerous other conditions, acute and chronic, have been relieved or cured by gastric lavage. The first case of ileus successfully treated by this method was reported by Kussmaul. Gastric lavage also has many indications as a diagnostic agency.

It is claimed that by enteroclysis, the injection of moderate quantity of water into the large intestine by means of a long rectal tube, many cases of obstinate diarrhoea and dysentery may be permanently cured, as by this method the toxic materials, the result of decomposition, as well as pathological elements present, may be successfully removed. Flushing the colon with hot water, some of which should be retained by assumption of the recumbent posture, constitutes a safe and powerful means of causing increased renal activity. Cold enemata or irrigations are regarded as dangerous in renal diseases, but hot irrigations may be decidedly useful in uremia and renal insufficiency.

Water when judiciously taken in half pint doses as a laxative in the morning, as a sedative at night as a diuretic when the skin is cool, as a diaphoretic when the skin is warm, as an expectorant or a refrigerant, its value is remarkable (Pye-Smith). Persons who are the subjects of constipation do not as a rule drink sufficient water, whether hot or cold;

there is not enough water in the body for the normal secretions and eliminative fluid.

In fevers, diarrhoea, profuse perspiration and menstruation, the free ingestion of water is indicated. It increases hydrochloric acid and pepsin in the stomach, which has been rendered deficient in these conditions.

It has been found that in cases of thermal heat or sun-stroke, where the temperature is excessive, rising to 108° and 114° , a bath in ice cold water with an ice cap to the head is efficient in reducing the temperature, but the desired reduction of heat will come about much more rapidly by giving the patient an enema of a pint to a quart or more of ice water, i.e., water at a temperature of 32° , which may be repeated in twenty minutes or half an hour, if necessary. It is well known that the rectum is abundantly supplied with sensitive nerves, which are immediately influenced by a topical application of cold water (Cin. Lan. Clin.).

Magaziner says the cold bath as a method of treatment for asthenic diseases and conditions is growing in favor. Take simply a woman who has fainted, the pulse is feeble or absent, the respiration is shallow, sensation and motion abolished, the patient's vital powers being practically dormant. The treatment, which long usage has so sanctioned that even lay people constantly resort to it, is the application of cold water to the face and chest. Every one knows the result and even the youngest student can give its *rationale*. A reflex stimulus is sent to the nerve centers which produces a deep inspiration, the machinery of life is again started, the color returns to the palid cheek, the eye brightens, the pulse begins to beat again, and the asthenic condition is cured without further medication.

Another example, a patient suffering from an infectious disease, he has a thready pulse shallow breathing, the dull eye, the picking at the bed-clothes, and even involuntary defecation. All these show the very apex of asthenia. Place such a patient in a shallow warm bath and pour with some force one or two basins of water at 75° or less over his head and shoulders, rub him gently, repeat if indicated, and the improvement will surprise those who have not tried this method of treatment. There is a gasp for breath, the dull eye resumes its lustre, the facial cyanosis yields to a better hue, the pulse becomes slower and less compressible, the wheels of life are again set in motion, not as in the case of syncope to remain so, but to be again overwhelmed by the toxic blood which supplies the nerve centers; again and again this affusion must be repeated! Fear not the so-called shock, for this is just what you want to evoke; it is when judiciously administered, followed by reaction, and reaction is the great stimulus, greater than all medicinal agents or alcoholic stimulants. These are clinical facts, observations made at the bedside; they are at least as reliable as those made on medicinal agents.

Why does the application of cold to the periphery restore tone to a drooping heart; Macej, Traube and other observers have proved that, in

these asthenic conditions there is a loss of tone in the smaller vessels, a paresis of the muscular coats, and of the elastic tissue which acts the part of muscular coat in the peripheral capillaries. It is well known that the circulation of the blood depends not only upon the vigorous, healthful action of the heart, but also upon the integrity of the arteries, and capillaries, by whose elastic resolency the blood is welled through the finer tubes; the propulsion of blood through such fine tubes would be impossible unless they were endowed with propulsive powers. When this power is held in abeyance, the heart must increase its force to overcome an obstruction at points where it formerly received aid. It is pumping against paralyzed vessels; the blood stagnates in the smaller ones, giving rise to hypostatic congestion, and then is the difficulty increased. The heart labors harder, the pulse rate increases, and its tension is lowered, its forces are exhausted and the heart yields at last to the dread pressure upon its vital forces, which are further sapped by the vitiated blood supplying it. By applying hydrotherapeutic treatment by a cold effusion, dip, spray, ablution, a bath, adapting it to the case, always accompanying it by friction, the result is that there is a local stimulus to the coats of the superficial vessels, they contract again under the impact of repeated cold waves followed by friction; their paresis is removed, they again propel the blood as was their wont. The dam is cut as it were, the blood again flows freely through the terminal vessels, the heart responds to the relief afforded by a slower and more deliberate contraction, higher tension, and absence of diastole. At the same time the central nervous system is bathed by cooler blood, blood which is better oxygenated, and thus there is double good done. The cardiac ganglionic centers receive a new stimulus at one end while at the other the task of propelling the blood is lessened. The pale skin of an advanced typhoid reddens under this procedure and comes out glowing. In chronic phthisis a good illustration is offered of the effect of hydrotherapy in removing the obvious asthenic conditions. Ziemssen refers to cold baths as a remedy of extraordinary value, but clinical demonstration of the cold bath in asthenic conditions is most abundant. In many institutions there has been an opportunity of testing the question in a satisfactory manner in cases of phthisis, Bright's disease, diabetes and a variety of functional and organic nervous diseases. The gradual restoration of the reactive power in these cases, together with the improvement of the nutrition, offers most interesting illustrations of the results which may be accomplished by the application of cold water.

In regard to the use of hot water, the following excerpt may be of interest: A strip of flannel or a soft napkin, folded lengthwise and dipped in hot water and wrung out, and then applied around the neck of a child that has the croup, will usually bring relief in a few minutes. A proper towel folded several times, and dipped in hot water, quickly wrung out and applied over the site of toothache or neuralgia, will generally afford prompt relief. This treatment for colic has been found

to work like magic. Nothing so promptly cuts short a congestion of the lungs, sore throat or rheumatism as hot water, when applied early in the case and thoroughly. Hot water taken freely half an hour before bedtime is an excellent cathartic in the case of constipation, while it has a soothing effect upon the stomach and bowels. This treatment, continued a few months with the addition of a cup of hot water slowly sipped half an hour before each meal, with proper attention to diet, will cure most cases of dyspepsia. Ordinary headaches almost always yield to the simultaneous application of hot water to the feet and back of the neck.

As to the abuses of water, or the contra-indications to its employment, internally or externally, it would appear that a few words of caution might not be inappropriate: In speaking of the dangers of a cold bath, a well-known French physician states some facts which it would be well to bear in mind during the bathing season. He showed that a sensation of cold on the skin acts on the circulation of the lower part of the trunk, that is to say the veins, and also on the brain, in the same way as a mechanical or electrical stimulus of the sensitive nerves of the skin. This observation affords an explanation of the fact that a sudden immersion of the body in cold water after a meal, and while the process of digestion is going on, may be attended with danger. At this time the abdominal system is the seat of an intense physiological congestion, and the accumulation of blood in it is suddenly thrown back toward the nervous centers. The consequence may be a disorder resulting in death.

The object of the cold water bath is to reduce the temperature to a safe degree, that is all; but it is not showing good judgment to attempt this under all circumstances regardless of associated effects. If each application almost causes hysterics, it is not to be used. If the reaction is very slow and accompanied by excessive depression, it is folly to use it in asthenic cases of long-standing.

Lydston writes that since the advent of the various theories of uric acid and pathology, and the recognition of the value of the ingestion of large quantities of water in the treatment of the various conditions in which the poisonous products of tissue metabolism are supposed to be *fons et origo mali*, this simple method of treatment has often been carried to extremes. The following are his conclusions:

(1) While the ingestion of large quantities of water in various infections is often of great value, the treatment is sometimes extremely detrimental.

(2) The nutritive value of the blood is often impaired by the relative hydremia produced by the ingestion of large quantities of water.

(3) Disturbances of the circulatory and nervous systems are frequently produced by it. So-called weak heart, palpitation, nervous irritability, lassitude, exhaustion on slight exertion, are among the phenomena that may result.

(4) Serious digestive disturbance, involving impairment of the secretion and composition of the gastro-intestinal juices, and gastro-motor insufficiency may be produced by the ingestion of water in large quantities.

(5) Edema and anasarca, while often relieved by the free ingestion of water under favorable circumstances, are not infrequently enhanced by it.

(6) Renal water habit may develop, by virtue of which the kidney becomes permanently sluggish, unless it receives its wonted stimulus of large quantities of water.

(7) Acute and chronic inflammatory affections of the kidney are sometimes aggravated by giving water in excess simply by overworking the renal organs.

(8) Inflammatory affections of the lower portions of the genito-urinary tract are often deleteriously affected by excessive water drinking through mechanical disturbance necessitated by the resultant frequent and copious micturition.—*Medical Times*, January, 1907.

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SIMILIA SIMILIBUS OPERANTUR.*

(Likes are worked by Likes.)

(সমং সমেন যুজ্যতে)

BY DR. H. C. RAY CHAUDHURI.

GENTLEMEN,

I have taken up a difficult subject for the discourse of the Hahnemann Anniversary of 1907. It is my intention to show that the law of Similia Similibus is capable of universal application taking its rank next to the law of gravitation. Failure is possible in treating such a difficult subject. I hope it will be taken up in future years by a more competent man than my humble self. I am conscious of the difficulties to be encompassed. The good advice that sustains my energy is,

যত্নে কৃত্যে যদি ন সিদ্ধিতি কোহত্র দোষঃ ।

If after assiduity the effort fails where is the fault.

I approach the occidental and oriental republic of homœopathists with a timid but sustaining heart being aware of the famous couplet in *Meghaduta* of the immortal bard Kalidasa.

বাচঞা মোহা বরমধি গুণে নাধমে'নক্কামা ।

'Tis better far solicitation's fail

With high desert than with the base prevail.

H. H. WILSON.

*Owing to the illness of the lecturer the paper was read by Dr. Amrita Lal Sircar at the Hahnemann Anniversary.

We know that the first aphorism of homœopathy began as a supposition *Similia Similibus Curentur* (Likes may be cured by Likes). Subsequently it was expanded into a law *Similia Similibus Curantur* (Likes are cured by Likes). A few years before discussion took place about the use of the word *curentur* and *curantur*. Hahnemann used the word *curentur* even on rare occasions. He generally said *Similia Similibus* leaving the rest to suggestion. In one of the early numbers of the *British Journal of Homœopathy* the word *curantur* was used for the first time. The academic disquisition as to the use of the verb *Curo* meaning to cure is interesting. Dudgeon denied the application to be proper. But there were others who showed precedents to such use. According to Dudgeon the complete formula might be *Similia Similibus curentur quia Similia Similibus Sanantur* (Let Likes be treated by Likes because Likes are cured by Likes). Leaving aside the discussion I may say that it can not be said that Hahnemann did not think of another useful application. If we accept homœopathic treatment to be a sympathetic method of cure as opposed to the antipathic or unsympathetic treatment, then a vast field of idea and work comes to our view. The antiphlogistic method conveys the idea of oppression in contrast to the kind homœopathic system. Bloodletting, leeching, and blistering are really inhumane treatments. The merciless way in which lunatics were treated is an additional example of the un-sympathetic behaviour. During Hahnemann's time and even long after, it was cruel barbarity which impelled the treatment of the insane. Hear what Ameke in his History of Homœopathy says :

"The way in which mental diseases were formerly treated (one need not go so far back as Hahnemann's time) is known to every physician. Physicians treated excitable and refractory maniacal patients like wild animals; it was thought necessary to cow and terrify them. Corporal chastisement and nauseating medicines were ordinary means used. Furious maniacs were strapped down on a horizontal board which could be quickly turned on an axis to a vertical position, or put in the so-called

rotating chair. 'A well fitted up madhouse was, in certain respects, not unlike a torture-chamber' says Westphal. This method of treatment was adopted by Ernest Horn in 1806 in the 'insane department of the Berlin Charité, then the largest madhouse in Prussia. He also invented the 'closed sack,' in which maniacs were tied up, and which compelled them, according to Westphal, to remain lying wherever they were placed. 'It is shameful to have to confess,' says Westphal in 1880, 'what a short time had elapsed since the insane were shown to the Sunday visitors of hospitals and workhouses as a kind of sport, and teased in order to amuse the visitors.'

As the treatment of the insane depends upon the state of culture, we shall here quote as an illustration of the degree of refinement of the physicians of those days, from the *Medicinische Bibliothek* of the celebrated Gottingen professor, J. Fr. Blumenbach. He is speaking of a work on medical jurisprudence of repute in which it is stated that in Baden a parricide could not be brought to confess because torture had been abolished.

The critic there upon remarks (in the year 1789) :—

The most innocuous and at the same time the most efficacious mode of torture which can be retained without hesitation is, in our opinion, to apply only such a degree of torture to the accused as will set up a slight traumatic fever, and, after this has been set up, to threaten him with it again. The depression of mind, the loss of self control, produced by the traumatic fever, will bring even the most hardened ruffian to confess. We have more than once found in dealings with criminals, that men who are able to support a severe first application of torture, if they are again tortured after a few days when suffering from traumatic fever, become quite faint hearted and spiritless and they confess everything."

The treatment of Klockenbring was the diverting point which signalised the triumph of homœopathy as manifested by its sympathetic treatment. "Hahnemann was in Gotha from the year 1792, and treated the well-known author and private secretary, Klockenbring, who was confined in a lunatic asylum

founded by the Duke at Georgenthal, with acknowledged success. He published an account of this case in 1796."

Dr. Dudgeon gives an account of the historic instance which has been quoted by Dr. Clarke in his *Homœopathy Explained*.

"In 1792 Hahnemann undertook the medical care of the celebrated Hanoverian Statesman Klockenbring who had gone mad, and had already been treated in the usual barbarous manner of the period in an asylum of the ordinary stamp, with no benefit, but the contrary. Hahnemann treated this dangerous lunatic on a non-restraint plan, without the use of chains or corporal punishment, which were in universal use at that period. His treatment was perfectly successful, and Klockenbring was restored to his family and friends perfectly cured." Hahnemann thus says of the treatment. "I never allow an insane person to be punished either by blows or any other kind of corporal punishment, because there is no punishment where there is no responsibility, and because these sufferers deserve only pity and are always rendered worse by such rough treatment and never improved."

"After his complete cure," says Ameke, "from madness this sufferer showed his deliverer, often with tears in his eyes, the marks of the blows and stripes his former keepers had employed to keep him in order."

It may be asked what relation there is between the principle Likes are worked by Likes and the general treatment of the insane? The reply is that the excessively irritated nerves want pacification and rest. The purpose can only be achieved by kind and sympathetic treatment. If we try to understand the action of the nerves of the insane then the answer will become plain and simple. The difference between a sane and an insane man is that the sane man can repress many inconsistent feelings which are the effect of the sensory nerves, being not carried into effect by the motor nerves. Whereas in the case of insane persons there is rapid dissemination of ideas and they are acted on instantly without suppression. In other words,

the inhibitory power, the faculty of judgment, becomes wanting with the insane. The rapid dissemination of ideas acts on by its reflex action on the motor nerves. Kind and sympathetic treatment acts on the principle of Likes to prevent the rapid dissemination of ideas and the reflex action on the motor nerves. The magnetic action of Likes prevents the electric dissemination of the irritated nerves. The analogy may be applied in another way. The preponderance of negative electricity produced by the rarefaction of matter as exemplified in the Crooke's tubes shows the homœopathic state of minute doses, in contrast to the preponderance of positive electricity as shown by the Geisler's tubes, having a large dose as in the ordinary state of matter and being akin to the allopathic practice. The rapid transmission of negative electrons can be favourably compared with the rapid transmission of the negative neurons of the insane. Sympathetic behaviour is nothing but an application of negative animal magnetism to the negative neurons of the insane. It is obvious how the small sympathetic dose of Likes act on the irritated nerves which have attained the subtle rarefied condition. The rarefied condition of homœopathy and sympathy act on the rarefied condition of the nerves. The inevitable conclusion is that there can be no other treatment of the insane except sympathy and homœopathy. The action of homœopathic medicines is the example of sympathetic treatment and sympathetic behaviour is synonymous with the homœopathic treatment.

Taking a brief survey from the macrocosm to the microcosm, from the ultra-mundane to the terrestrial sphere, it can be said that the law of *Similia Similibus Operantur* is manifested in its various phases almost everywhere. The similarity of medicinal action with the diseased symptoms is only a part of it.

The first striking similarity of relation with the sun and the human body is very difficult to discern. But it is a notable fact that the solar heat imparts agitation and vigour to the living world. The startling discovery was made in comparing the spectra of the sun and the human blood. The lines in the

spectrum analysis are the outcome of absorption of light by non-metallic and metallic elements pervading the universe. These lines are known by the name of A,B,C,D, etc., according to their position in the spectrum. These lines are properly considered as absorption bands. For certain media have the power to absorb the rays of light emitted from other bodies. The particular body absorbs amongst its molecules many of the constituent rays of the white light which falls upon it and the colour we see consists of the remainder. The very fact of the power of absorption of certain lights by particular objects proves the similiarity of their condition and therefore the operation becomes possible. A red glass does not turn all the light into red, but simply stops or absorbs all the rays except those which make up the red. Now, we are interested with the D lines of a spectrum. It was discovered that two of the most distinct dark lines, called D lines, across the yellow portion were exactly coincident with the two bright yellow lines given by the incandescent sodium vapour. Prof. Stokes, in 1852, pointed out the probable cause of this, in the molecules taking up or absorbing all vibrations of their own peculiar period which reach them, just as a tuning fork will respond to its own note sung to it. Kirchhoff verified this, proving experimentally that sodium flame interposed before the slit in the spectroscope when getting the bright solar spectrum darkened the D lines. Most of the other dark lines of the solar spectrum were afterwards identified with the bright lines of the vapours of the various elements, proving that the incandescent photosphere of the sun is surrounded by highly heated gases containing non-metallic and metallic elements.

Coming to our subject of comparison of the solar and the human-blood spectra, the striking similarity is observed in the approximate placing of the D lines in both the spectra. The oxydised haemoglobin imparts the D lines almost in the same place as in the solar spectrum. This coincidence clearly shows the affinity between man and the sun. The fact of similiarity of conditions explains the action of the one on the

other. The oxyhaemoglobin proves its affinity with the sodium element in the sun.

In studying the action of radium several remarkable facts are observed. "Every atom is a system of tiny electrons, which are in constant motion like that of the planets in our solar system and owe their remarkable stability to that very motion. Some atoms, like that of hydrogen, consist only of a few hundreds of these electrons, whilst others like that of radium itself, probably contain hundreds of thousands of them. These electrons are thought to be precisely similar, and it is probable that they constitute that primitive *ur-stoff*, or primordial matter which many speculators have held to be the foundations of the material universe. Further, it is practically certain that they are closely related to electricity, consisting either of particles of this primitive matter, each of which bears a unit charge of electricity, or perhaps solely of such electrical charges, without any material basis at all in the usual sense of the word."

Applying this idea of ionic activity to our homœopathic medicines which are capable of operating like electrons for their minute subdivision, we come to the conclusion that the kinetic energy of our medicine rests on the constant motion of their ions. The vital energy of the medical ions has affinity with the microbic manifestation of diseases. The similarity of application of a medicine to counteract the evil influence of a disease rests on the ionic activity of a drug being almost equal to the rate of microbic activity of a disease. Each medicine having its measured rate of ionic activity is applicable to that rate of microbic energy. The medicinal action, being regulated by dilution, can confront microbes having approximate rate of operation. By this conception, the nebulous state of medicinal energy receives a definite appearance.

A further study of radium reveals another series of facts applicable to the law of Similars. "We know that a radium compound is continually emitting three kinds of rays which have a wonderful power of penetrating ordinary matter. One

kind known as the Alpha rays, consists of a stream of material particles which are on good grounds believed to be atoms of the rare gas helium, which the spectroscope long ago showed to rest in the sun's atmosphere but which was only discovered on the earth by Ramsay in 1895. The Beta rays are also stream of material particles, but far smaller than any known atom ; they are probably detached electrons, or units of negative electricity. The Gamma rays are true ether waves akin to the Roentgen rays. In the act of emitting these radiations the atom of radium is of course losing a portion of its matter. This is the kernel of the great discovery that a true atom is able to break up into smaller particles, and therefore that it must consist of some arrangement of such particles, which and not the atoms—are the true unit of matter."

We are concerned with the Beta rays which act on the homœopathic principle. As has been said, the ions of homœopathic medicines act like negative electrons and are more forcible than the atoms of allopathic medicines which act on the principle of positive electrons, being inconsistent with the rapidity of vigorous action. Taking into consideration the action of prominent serpent poisons we are led to believe that the action of their infinitesimal proteids are akin to the Beta rays of radium. The more we think on the matter, the more we are impressed that the action of homœopathic ions act like the electrons of negative electricity. They may not act on the same principle, but doubt can not be entertained that their operation is similar. This similarity of behaviour impels us to assert the ionic activity of our drugs in diluted doses."

Coming to the province of specialisation of cells for manufacturing and maintaining special organs, we find that special organic structures can be prepared by the specialisation of similar cells. Unless the specialised cells were created and maintained, the special organs could not have existed. The division of the blastodermic membrane into three distinct structures, hypoblast, mesoblast and epiblast is the first specialisation from which the vertebrate structures come to be manufactured.

Once the specialisation of character has come into existence, it is maintained by subsequent similarity of created cells.

In bacteriology, it is a known fact that certain microbes or an allied group of them can produce certain diseases which can be met with by medicines producing similar pathological changes. The rule of application of medicines according to pathological changes form the stable ground of *Similia Similibus curantur*.

Leaving the microcosmic world, when we observe the kinetic energy manifested in sociology, we observe that similar mental constitution attracts each other. The antipathic minds repel one another. The processes of attraction and repulsion form the fundamental principle of social kinetics. The treatment of the sane and insane persons must be based on this principle of attraction as opposed to repulsion. Attraction of minds is only possible when the similarity of structure exists.

The argument may be raised against the view that similar electrons repel one another, and the opposite electrons attract each other. The fact is true with regard to electrons. But our physical and mental ions are not of the same structure as electrons.

On the other hand the behaviour of electrons forms the law of isopathy. The morbid poisons of the same nature destroy one another, as the same electricity repel each other. Other examples like the attractive behaviour of the opposite electrons have not yet been observed. It can be said that the law of antipathy is abused on the fact of the opposite behaviour of electrons. Therefore it is sometimes successful.

As physicians, confining ourselves to the method of healing art, we observe that the principle of *Similia Similibus Operantur* acts on various ways in the treatment and mental constitution of the patient. Kind and sympathetic treatment alleviate many difficulties. The patient naturally confides to the doctor. Even in a bad case, the attending physician is expected to give hope to the patient, but his actual condition must be said to the most interested person in the family. It must be

said that sympathy and kindness of the doctor should not cease if the case be very bad and even hopeless. The magnetic electrons, consisting of violently disturbed neurons, may act to alleviate his sufferings. The first principle of kinetic sociology, that Likes are worked by Likes, should always be remembered. To be reputed physicians, we should always be possessed of high attainments, high standard of human feelings and high moral culture. In India, the deplorable fact is that attending and consulting physicians stand on the same level with regard to personal greed and gain. There is not a separate class of consulting physicians as distinguished from attending physicians. Among the professors of the Calcutta Medical College, we saw only one highly cultivated person who generally did not take cases as attending physician. It was Dr. Norman Chevers. In the continent of Europe, this practice is enough observable. To maintain the truths of *Similia* the attending physician is more responsible than the consulting physician. It must be said, on the other hand, that the needful directions should come from the consulting and not from the attending physician.

In surgical cases, we should not be guided by fashions but exercise our discreet judgment. The fashionable use of vaseline has taken the place of other resourceful treatments, as application of clarified butter in ulcers. Clarified butter being a constituent of our food may better suit in some of our disturbed conditions than the laboratory preparations, especially as local application. Dry dressing with simple arrowroot or barley which has proved most effective in many wounds and ulcers is now a forgotten truth.

A NEW PHYSIOLOGICAL OR SYSTEMIC SCHEMA FOR THE CLASSIFICATION AND STUDY OF DRUG EFFECTS.*

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The homœopathic *materia medica*, since the time of Hahnemann, has been presented in schematic form. Individual provings of drugs may be, and very frequently have been presented in a distinctly narrative form, and the form of narration is usually employed in recording individual cases of poisoning by drugs. When several provings, or records of poisoning, of any given drug are to be combined, however, and presented in condensed and concrete form, it becomes necessary that some mode of classification be adopted by which the related symptoms, gathered from different sources, may be presented in associated groups and thus exhibit the drug's action both in particulars and as a whole. From this necessity arose the schema. The form of this schema has undergone some modification as to particulars of subdivision and arrangement during the many years which has passed since its inception, but in its essential features has remained practically unchanged. So far as the writer knows, the classification in the original schema and in all its modifications has rested always upon an anatomical basis. This is undoubtedly the most obvious basis for such classification, and one which presents strong points of advantage both in the recording of drug effects and in their quick review in the work of practical prescribing. But it is very probable that it is this arrangement of our symptomatology, more than any other factor, which has made the study of the homœopathic *materia medica* the most difficult of all the studies in the province of medicine. Every student in our colleges enters upon it with discouragement and heart-failings, and every practitioner of ripened experience, if faithful to his trust, continues to pour over the same well-worn volumes, long since become the shabbiest books in his library from years of

*Read before the Seventh International Homœopathic Congress.

constant use. For not alone is the first acquisition of a working knowledge of our *materia medica* a matter of such difficulty, but its retention in the mind, with any nicety of distinction, without constant review, is for most men an absolute impossibility. It is not unfair to suppose that there are men who are even deterred from the practice of homœopathy because of the difficulties of its *materia medica*.

Not so is it with the study of pathology, with which the study of *materia medica* should be most clearly and directly associated. The presentation of the morbid state to which the pathogenic action of the drug corresponds, even though it be a mere synopsis, is made with greater clearness and is grasped far more readily and retentively by the mind. The picture of the diseased state seems to carry with it a sense of reality. It is drawn with strong lines and the salient points are readily perceived and impressed upon the memory, while the relation between these points is well marked and clearly discerned. Moreover, the picture of the morbid process seems to carry with it a sense of movement as the stages of the disease presented appear, develop and recede. Opposed to this is the picture of the pathogenic action of the drug which we are to contrast in our minds with that of the morbid state in making a truly homœopathic prescription, and we must acknowledge that it is far less satisfactory as presented in our customary schema. The sense of reality we miss at once; the life which characterized the narrative of the individual proving, or of the poisoning, is gone, and we seem to be studying now a skeleton rather than a living form. The lines of construction are no longer strong and natural as in the delineation of the morbid state, but by comparison seem artificial and weak. The drug effects are often presented in disconnected or in dissociated groupings between which the evidences of relationship are lost to view. Of salient points few exist because the most prominent and most frequently occurring symptoms which characterize the action of the drug are rarely designated as such in any way whatever. As to the sense of movement, that is wholly

lost in the presentation of the drug's action because no attempt has heretofore been made to preserve in the schema the sequence which marks the development of the drug symptoms. Yet, could these points of defect be corrected, it should become possible to reconstruct at will from the one concrete presentation of the drug's action, even in schematic form, either a narrative description or a synopsis of the drug's action in any particular sphere. This would bring the drug's pathogenic action into direct and striking contrast with the manifestations of morbid action in the same sphere and so bring upon directly parallel lines the two contrasted conditions, the pathological and the pathogenic, in presentation which would be equally graphic and true, and exhibit an equal appearance of reality and of movement upon each side. Is it not true that the lack of harmony between the construction of the drug picture and that of the pathological state is the cause of much of the difficulty which besets the practice of homœopathy? If, then, it is possible in any way to reconstruct the drug-picture, in the interest of such harmony and in the hope of greater clearness, accuracy and impressiveness, it is surely well that such an attempt be made.

It occurred to the writer that this end would be subserved were the effects of drugs classified and studied from a physiological rather than from an anatomical standpoint, since physiology is much more closely related to pathology, as a study of perverted function, than is anatomy. A predominantly physiological basis of classification admits of a more natural and realistic presentation of symptoms, and their arrangement in more orderly and more closely related groupings, than the anatomical—an arrangement more nearly resembling the natural grouping of symptoms in diseased states. It also admits of the preservation and presentation of the sequence in the development of the drug effects, which is one of the most prominent features in the development of the symptoms of disease. Furthermore, it becomes possible to take cognizance of the relative prominence of the systems developed and the frequency

of their occurrence, so that, instead of being reduced to one dead level, the symptoms experienced by many different provers on many different days are given definite numerical values to distinguish them at once and always from symptoms of doubtful value, which perhaps have occurred but once only and may then have been merely fortuitous. Thus may the drug picture gain the needed relation between its parts, also the salient points and the perspective or, in the language of the artist, "retain its values," and so, though remaining a composite picture, be made equally impressive and easy of recognition as a similar picture of a pathological state. Surely the study of the materia medica, if cast on those lines, will be less laborious and less a matter of abstract memorizing than heretofore, and its application become possible with greater ease and increased precision.

And now as to the practical construction of this schema. It is based upon the *narratives* of drug provings, which presents the effects developed from day to day in orderly sequence, and it cannot be properly constructed upon any other basis. It is a method for the future, therefore, and for those provings and cases of poisoning in the past the records of which are still available in definite narrative or journalistic form. The first step in the process of construction is to reduce each narrative to the form of a synopsis, or, more properly, to a series of synopses, which shall present each symptom in its appropriate physiological division, as for instance, "The Mind and Nervous System" "The Alimentary System" or "The Genito-Urinary System." These divisions are fourteen in number and under them all symptoms may be grouped in a manner to meet the need alike of the specialist and of the general practitioner. The order in which the symptoms are recorded in each divisional synopsis is strictly the order of their development in the proving and there is no repetition, each symptom being once recorded at the time of its first appearance, its recurrence upon subsequent days being indicated by a numeral exponent which records the total number of days upon which it is noted. Closely related symptoms, occurring on

subsequent days and differing but slightly from the given symptoms, are recorded in connection with it, thus forming a related group, but are not included in the numeral. As some provings cover many days and others few, because more rapidly pushed, the relative position of each symptom in the order of development is best shown by dividing the time covered by each synopsis into periods and using these rather than days to mark the sequence. This is readily done by dividing the whole number of days between the appearance of the first symptom and the disappearance of the last symptom in each divisional synopsis into five equal portions, as nearly as may be, and designating these periods by the first five letters of the alphabet, A to E, thus exhibiting the individual symptoms in the order of their occurrence in these lettered periods, rather than under separate dates. A symptom appearing towards the middle of any proving, for instance, whether it be after the lapse of a week or three weeks, will appear recorded in the group under the letter C. Thus is made possible the combination of many synopses, representing many provings, into one orderly synopsis which is the finished product and represents, in condensed detail, the final result of the proving, as a whole, in each of the physiological divisions which go to make up the final schema. The five letters are still retained in the final schema to mark the sequence in the development of the symptoms in each division, but the absolute accuracy of the individual synopses in this regard is, of course, merged into an approximate accuracy in the composite synopsis since, practically the order of development in every proving is not strictly identical with every other any more than in the development of disease in many patients do we find an absolutely invariable order in the appearance of symptoms in each individual. The sequence is believed to be both as correct and as serviceable in the one case as in the other.

In the finished schema where all the synopses are combined into one in their respective divisions, the numeral exponents which mark the recurrence of identical symptoms will, in many

instances, be found to be two in number instead of one, as in the preparatory synopses, the two being separated by a hyphen. The first of these, in each instance, designates the total number of different provers who developed the symptoms given, and the second records the total number of days upon which it was noted by all these provers. These double exponents still further accentuate the prominence of the symptoms to which they are affixed and attach to them a value which is definitely and quickly perceived. Associated with these prominent symptoms, in the order of their occurrence, are still found grouped in the finished schema the closely related but not strictly identical symptoms which appeared at subsequent stages of the provings, only the groups thus formed are, of course, larger and present greater variations of detail, than in the synopses of individual provings.

The final step in the formation of the finished schema is the presentation of the synopses under the fourteen primary physiological divisions with the addition of three peculiarly homœopathic sections devoted to modalities, etc., which are culled from the foregoing divisions. These, with an appropriate introduction and conclusion constitute the complete outline of the new schema as follows: Name of Drug. Description. General action. 1. Mind and Nervous System. 2. Eyes. 3. Ears. 4. Nose and Throat. 5. Respiratory System. 6. Circulatory System. 7. Alimentary System. 8. Genito-Urinary System. 9. Urine. 10. Blood. 11. Bones and Muscular System. 12. Skin. 13. Tissue Changes. 14. General Systemic Conditions. 15. Regional Conditions. 16. Sensations. 17. Modalities. Relations.

It is again to be noted that *all symptoms developed during the proving appear in the first fourteen divisions of this schema. The three which follow present analyses and other grouping of these same symptoms, from different points of view, for the purpose of study and reference.*

Thus is constructed a schema upon somewhat different lines from those to which we are accustomed and which, it is hoped, will, at least help to solve some of the problems which confront us in the effort to simplify the study and the application of our

materia medica. It is the outcome of an earnest and sincere effort to lighten existing difficulties, and represents the work of many months. For it must not be supposed that this is merely a suggested schema, which may not prove to be practicable when carried into execution. It has been carried past the experimental stage. It has been wrought out by the writer, to the most minute detail, in the case of the fifty-three provings made by the Ophthalmological, Otological and Larynological Society, and will be found fully presented in the book upon their Test Proving which is published by that society. It does not there appear in place of the older anatomical schema but in addition to that form of schema, which will also be found worked out in detail. This will permit a ready comparison of the two modes of presenting the same results, and will greatly facilitate the judgment of the profession as to their relative value. For it rests with the profession also to pass judgment upon this new mode of classifying and studying drug effects and to determine whether it is worthy of adoption, in its present form or with some modification, in the more scientific drug proving upon which we are entering, and in the future construction of our materia medica.

Meteorological Observations taken at 8 A.M. at the Indian Association for the Cultivation of Science, Calcutta.

For the Month of March, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		CLOUD.	Rainfall.
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.	Proportion.	
1	29.970	N E	1.9	84.0	63.8	0	Nil.
2	29.917	S E	1.9	84.5	68.0	0	"
3	29.940	S	2.4	89.0	70.5	0	"
4	29.909	S	3.2	90.8	72.5	0	"
5	29.962	N	4.8	90.0	69.0	8	"
6	29.980	W	3.0	86.5	67.0	0	"
7	29.934	S	3.2	87.5	71.2	0	"
8	29.920	S	5.0	89.5	71.2	0	"
9	29.945	S E	3.3	89.8	72.6	0	"
10	29.911	S	2.6	91.0	71.5	0	"
11	29.858	S S E	2.9	91.8	75.0	4	"
12	29.790	S E	4.6	91.5	70.8	4	"
13	29.830	E	3.9	90.1	70.0	9	0.25
14	29.693	N E	2.4	84.0	69.5	3	Nil.
15	29.962	N	3.0	84.2	69.0	0	"
16	29.933	E	3.5	87.5	69.0	10	"
17	29.945	N	4.1	81.5	69.0	10	"
18	29.958	E	4.7	75.5	65.0	10	0.20
19	30.034	N	2.4	72.5	64.5	3	0.31
20	30.026	W	2.0	81.0	61.1	0	Nil.
21	29.968	S	2.1	86.8	67.5	1	"
22	29.829	S	3.3	89.0	71.8	3	"
23	29.849	N	5.2	87.4	65.5	10	2.38
24	29.910	E	3.0	82.5	65.0	1	Nil.
25	29.873	E	1.8	82.0	70.0	10	"
26	29.824	S	3.5	88.5	73.0	4	"
27	29.912	S S E	2.8	90.5	73.0	0	0.11
28	29.905	S S E	4.4	89.5	70.5	10	0.15
29	29.910	S S E	2.1	88.8	74.0	5	Nil.
30	30.392	S W	2.0	90.0	73.6	0	"
31	30.374	N E	2.1	92.5	73.0	0	"
Mean	29.947	E S E	3.1	86.7	69.9	3	TOTAL 3.40

Remarks. The first noticeable feature is the gradual change in the direction of the wind. In the month of January it was

N W. During February it became N E. In March the direction was E S E. The mean velocity in January was 2.2. In February it came to 2.8. In March it was 3.1. The mean difference between the maximum and minimum temperatures in March was 16.8, giving an increase of .8 over that of the month of February. Rainfall was appreciable on the 23rd March. The mean barometric pressure came down from 29.996 to 29.947, giving a difference of .049 inches.

In the week ending the 23rd February the mortality from cholera gradually lessened to 42. During the week ending the 2nd March the mortality came down to 33. In the next week ending the 9th March it rose to 53. During the week ending the 16th March the mortality remained at 50. In the next week ending the 23rd March it was 49. In the week ending the 30th March, it again rose to 57. The rain during the 23rd March had no appreciable effect.

With regard to the mortality from plague we observed a sudden increase during the week ending the 23rd February making the mortality of 27. In the week ending the 2nd March the mortality increased to 42. In the next week ending the 27th March it rose to 57. During the week ending the 16th it was 95. In the week ending the 23rd March the death remained almost stationary at 94. During the week ending the 30th March the mortality suddenly increased to 166. The slight rain of the 23rd March perhaps redoubled the energy of the disease.

The highest death rate from smallpox during the week ending the 23rd March rose to 86. In January the highest in a week was 25. In February it was 50. The increase was markedly perceptible.

The mortality from fever ranged from 121 to 92 in a week. In that consideration it was less than January or February.

During the month of February mortality from bowel complaints decreased from 88 to 43 in a week. In March the death ranged from 71 to 44 in a week. The cause of rise and fall can not be ascertained.

EDITOR'S NOTES.

Remedies in Bubonic Plague.

The *North American Journal of Medicine* for February writes :

" Prophylactic : *tarentula cubensis* 5x, a drop every night before retiring.

The following remedies are indicated in the disease :

TARENTULA CUBENSIS : face red, eyes injected, respiration accelerated, pulse frequent, high fever, intense thirst, loquacious delirium, unrest, intense pain in the buboes. Characteristic is the intense pain in the buboes and carbunculoid spots.

NAJA : Prostration, pulse very rapid, almost impossible to count ; arrhythmia cardiaca, heart-murmurs. Characteristic is the tendency to syncope.

CROTALUS : Injected eyes, bloated face, high fever, intense thirst, difficult speech characteristic are the high fever, thirst and somnolence.

LACHESIS : Nervous phenomena predominate, difficult deglutition, constriction of the throat, parts affected are very sensitive to external pressure.

APIS : Inflammation of peri-glandular connective tissue. Somnolence (no thirst) interrupted by sharp cries and saltation.

HYOSCYAMUS : Senses dulled to external impressions, delirious picking at the bed-clothes, delirium now wild, now mild. Dr. Theodoro Gomes. *Annaes de Med. Homoeopathica*. (Brazil)."

Aconite and *Belladonna* in low dilution have their effects. We have received good advantage from continued application of dry heat. In delirium *Crotalus* and *Lachesis* have proved efficacious.

The Starvation Meal of the Infant.

The *Lancet* of February 23, says :

" The number of mothers who purchase machine-skimmed milk for the feeding (*sic*) of their infants is perfectly appalling. We have again and again called attention in our columns to this scandalous state of affairs, but still this traffic of stunting the growth if not annihilating the life of the infant altogether continues. If further evidence were wanting it appears plainly enough in a report recently made at the instigation of the Council of the British Dairy Farmers' Association by its consulting chemist. The brands of condensed milk obtained proved to be identical with those purchased by

mothers for feeding their babes and in every case the largest sale of condensed milk was for what is known as machine-skimmed, with at least 70 per cent. of the fat abstracted and in one case no less than 90 per cent. There was a comparatively small sale for condensed whole milk. A little calculation showed that the purchasers of these condensed milks actually pay 1d. per pint for the skimmed milk which has been condensed. Dairymen would willingly supply, we should think, perfectly fresh skimmed milk at this price and the addition of from 45 to 50 per cent. of sugar would be unnecessary, and indeed its omission would most likely be in favour of the baby's health and vigour. But skimmed milk, whether fresh or condensed (and subsequently diluted), is entirely unsuited for a baby's nourishment and it is scandalous that such a fact is so widely and persistently ignored. We would have all tins of machine-skimmed milk compelled to have marked upon them by the State in bold plain lettering the words, **UNSUITABLE FOR THE FEEDING OF INFANTS**."

The use of skimmed milk is a scandal to a country and shows how trade supersedes the sanitary welfare of the place. In India, where milk is abundant, even diluted milk is far better than skimmed milk. Fresh milk has many advantages over the tinned stuffs which are sold in the market. Most of them are bad being infected by microbes. In condensed skimmed milk, not only the nutrient quality is very low but it also provides room for deadly micro-organisms to play their part.

~ Epileptic Auræ: Remedies.

The *North American Journal of Homæopathy* for February supplies the following interesting note:

"Great irritability. Indigo.

Weak-mindedness. Causticum."

Vertigo. Arsenic, belladonna, calcarea, causticum, indigo, secale.

Cephalic pulsation. Amyl nitrite, belladonna, glonoin.

Sparks before the eyes. Hyoscyamus, stramonium. •

"Ringing in the ears. Hyoscyamus.

Irides dilated sometime before the attack. Argentum nitricum.

Objects whirl about. Arnica. •

Sensation of a running mouse. Belladonna, calcarea, ignatia, silica, sulphur.

Aura proceeding from the stomach. Belladonna.

Nausea, dyspnea from accumulation of mucus. Cuprum.

Sensation of a warm breath proceeding upwards along the back.

Arsenic.

Sensation of heat from abdomen into head. Indigo.

Aura from abdomen downwards. Calcareo.

Chilliness, with goose-flesh. Cuprum.

Chilliness radiating from the back. Agaricus.

Chilliness (or coldness) of the left half of the body. Silica.

Twitching of fingers and toes. Cuprum.

Aura proceeding from the heart. Lachesis, naja, calcarea arsen.

Headache. Belladonna, causticum, calcarea, zinc.

Vertigo, inclination to fall backwards. Absinthium.

Heat in the head, followed by sweat. Causticum.

Noises in the head a few days before the attack. Sepia.

Thoracic constriction. Calcareo arsen.

Paretic sensation in the limbs. Plumbum.

Twitching of the limbs. Cuprum.

Twitching of the left arm. Silica.

Trembling. Absinthium.

Sudden attack, no prodromes. Cuprum.

Dr. Kroner. *Zeitschrift des Berliner Vereines."*

Cost of Laying Dust.

The *Scientific American* of March 2, has the following interesting note:

"The Road Protection League, which has been formed in Europe for the purpose of promoting different questions relating to the suppression of dust and the tarring of roads, recently held a meeting at Paris. M. Guglielminetti, the secretary of the league and a leading authority on such matters, made some interesting statements on the question of applying liquid matter on the roads. According to the official reports of the government engineers of the city of Paris, the Department of the Seine and other districts, the four years test of the new tarring system has given excellent results from every standpoint and quite justifies the expense. The latter is estimated at \$0.03 to \$0.04 per square yard. On a main avenue of the town of Melun among others, the annual economy resulting from the tarring process has been estimated at \$0.02 per

square yard on the decrease of wear and at \$0.01 on the watering and cleaning of the road, so that in fact the cost of the new treatment is not over what the untreated road would cost, and we have the advantage of no dust or mud. Besides the usual processes of preventing dust, a new method has been brought out by a French chemist, P. Delair, and it can also be used for laying the dust inside of houses, where coal tar cannot be employed. The experimenter had occasion to make long researches on the use of chloride of magnesium for laying dust. It can be produced at a very low price. As it is very deliquescent, when in solution it is very slow in evaporating. Thus certain bodies which are impregnated with it are able to keep moist and thus will attract the dust and small debris of all kinds, keeping them down but without sticking. It seems well adapted for floors and also for roads on this account. Although it does not suppress the powdered matter, it gives it a certain density which prevents it from rising and dispersing different kinds of germs. A strong solution applied twice in two days is enough for treating a floor. After two hours the solution sinks into the wood. Then the sweeping can be done under the best conditions. The dust when raised falls again instead of flying into the air, and can be removed easily. In Europe the price of this treatment is only \$0.006 per square yard."

Dust and disease are the principal questions with regard to sanitation and they are attracting the attention of all sanitarians of Europe and America. The curious feature of the public health of Calcutta is that proper attention is not paid to it. Unfiltered water for watering streets is a scarcity. Leaving apart the question of tarring the roads, dust is allowed to be scattered by wind on all sides. The Corporation of Calcutta wastes money for unnecessary costly schemes and highly paid offices which have little relation with sanitary improvements.

Homœopathic Prescribing.

The *Homœopathic Envoy* for March has the following :

"This was related by Dr. W. S. Dinwiddie and it illustrates the fact that disease should not be prescribed for by name but from its symptoms :

When Scott was president of the Society which is now the Central Verein of Germany, he had a very sick daughter at home. He mentioned the fact and asked one of the physicians present to

accompany him to the house to see this case and prescribe for it. Old Dr. Gross, I think, and several young men said, 'Let us go along and see the old fellow sit down and take a sketch of that patient's history from the time she was born until the time she dies. She will die in all probability before she gives the description.' She was in the last stages of typhoid, with that peculiar expression of countenance which is almost pathognomonic of the remedy. Instead of asking a question he had obtained the history as he went along. He turned to the father and said, 'Have you given her *Camphor*?' 'No; I had not thought of it.' He said, 'Give it.' It was given. The next day the patient was on a fair road to recovery.

Now *Camphor* is a rare remedy in "typhoid," but when it is indicated, it, and nothing else, will cure. In Homoeopathy, the symptoms must guide. Dr. Nash once cured a case of typhoid with the incredible remedy *Cina*. Why? Because *Cina* was called for by the symptoms."

Camphor now stands as an abrogated remedy. Even in cholera, the new practitioners doubt the use of *Camphor*. They are of opinion, without sufficient experience, that *Camphor* produces bad results in cholera. On the contrary, we have actually observed that about fifty per cent of cases are cured by *Camphor*. According to many *Camphor* has no place in other diseases. We have experienced good results of *Camphor* in catarrh plague, typhoid fever, haematuria, gonorrhœa and other diseases.

CLINICAL RECORD.

Foreign.

CLINICAL CASES.

JOSEPH LUFF, M. D.

Recommended for publication by Board of Censors of I. H. A.

TUBERCULINUM.

CASE I. Child one year old, emaciated, apparently dying. Mother had died one month before of consumption. Past all endurance of examination or handling. I was called by telephone and found a small company watching for the little one's death. Could do nothing but look on and think. I listened to the story told by the nurse, of having tried "everything" without any indication of cessation of diarrhea which was darkish brown and quite offensive. Little one had an expression of pain or uneasiness on its face. I hurried back to my office and prepared a powder of Tuberculinum cm. Went back and dissolved it in a table-spoonful of water and gradually turned it into the child's mouth. Diarrhea stopped within two hours. A year has passed and the child is well.

NATRUM MURIATICUM.

CASE II. A. W. H., age 40, came to pay me a subscription on church, and mentioned before leaving that he was feeling very "blue." Upon enquiry I learned that he had been ordered on operating table for removal of piles and fistula which (former) had troubled him for eighteen years, and for three years past had caused him "insufferable" torture. He was a hard working man with quite a family and poor. I requested him to be seated again and began to question him. Elicited a history covering twenty-five years, including typhoid fever and some skin disturbances, general debility, occasional spells of "absence of mind" for a minute or more at a time, and some indications of mental weakening. He was large, almost flabby. Heart sometimes fluttered, and sometimes shook him with the force of its pulsations. Constipation. Stools like marbles most of the time. Urine troublesome, sometimes too frequent, and accompanied with cutting pains and "weakness" of legs at times. Rather a hard patient to get symptoms from in an intelligible form, and what was elicited was seemingly quite badly mixed, and told amid tears. He was "blue" in verity, and yet seemed to take my intimations of hope rather resentfully.

I told him he did not need an operation. This was resented, for four experienced and gray headed practitioners had told him to the contrary. I had passed the State Board examination, but had not yet finished my four year college course, hence my suggestion was looked upon as the expression of egotism, and I was told so in unmistakable words though not insolently.

Undaunted and eager to make the test, I asked how soon the operation was to be submitted to, and learned it could not be arranged for in less than eight weeks on account of money considerations as yet undeveloped, and provisions to be made for a dependant family. Seizing upon this I asked the man to put himself under my care for that time and I would promise to have him in better trim than he was for the operation if still considered necessary by the set time, and believed he would then agree with me that it was not necessary.

I offered him my services and medicine without cost. My solicitude or self-confidence, or some other element on exhibition rather impressed him and overcame his scruples sufficiently to make him consent, whereupon I stepped into my office room and secured some Natrum mur. 30x powder. I had no other potency, and directed him to report to me when it was all used.

Four weeks from that time he returned (ten miles) and stated that for ten days he had been free from the rectal tortures, but I found him covered from head to foot with an itching, burning eruption which, to use his expression, was "drawing him crazy," and for which he was using carbolized vaseline. Of course, I ordered this stopped and gave him placebo. Later he wrote me regarding a remnant of skin disturbance, for which I sent him Sulphur 200, and about three months later I sent him a couple of doses of Pyrogen.

Six months later he visited me (he having moved 150 miles away in the meantime) and reported himself well in mind and body, and about a year ago he sent me a box of fruit from his garden, together with a written expression of his gratitude for what I had done for him. He was still well.

I never examined the parts at all, hence have only the judgment of the four "learned diagnosticians" and "competent physicians"—three allopaths and one eclectic—besides the sufferer's "tale of woe" to base my conclusions upon as to what ailed him. The others had all examined him, he said.

COLCHICUM.

CASES III. This one was "treated" but not "cured." Mrs. Y. had been for three months under "Homeopathy." A change of doctors was decided on because patient had gradually grown worse and was now confined to bed. I had been recommended by some one and was invited to the house in another capacity than that of a physician, that the patient might form an opinion from my appearance and deportment as to whether I was a "likely" person to trust so important a case to. The husband of the patient wished to engage my services, but was passive under his wife's conclusions. All this I learned months later. The result of my appearance there was that I was "turned down," and Dr.—, the leading allopath of the town—a man of long years' practical experience—was at the urgent solicitation of friends of both doctor and patient called. She remained under his care for three months, when I was one day called in same capacity as before to visit her. She was having repeated paroxysms of vomiting, and a degree of retching and straining that was simply agonizing to behold, at intervals of possibly twelve or fifteen minutes. The husband appealed to me to help, if I could, but I told him I dare not interfere with another physician's work. Just then the physician, an acquaintance of mine, came in and, after viewing the case for a few moments, called me aside and "as a friend" told me all about the case and his diagnosis of Bright's Disease, based upon indisputable evidence, also what remedies he had used and was then using. He then told me that notwithstanding we were without affiliative qualities in therapeutics, he believing me to be a gentleman and Christian, etc.; would welcome any suggestion I might have to make. After talking a little further we decided that I could not help him any as my therapeutics were so at variance with his that they couldn't both reside in the same house. He at first had supposed me to be an alternating, compounding, sliding-scale kind of mongrel homeopath of the "up to date" stripe; but finding his mistake agreed to allow me to decline interference.

Next morning the husband of the patient came to me begging my interposition as the paroxysms were now without enough of interval between to let the patient lie down for a moment's rest. I could not go under the circumstances as a physician, but agreed to go as before to try and comfort. However I called up the attending physician by phone and told him of what I had heard about the patient and that I was going up as before to visit her.

He expressed his pleasure and added: "If you can do anything in God's world to relieve that woman, feel perfectly free to do it. Just have them dispense with my medicine and go about with whatever you may approve of. She won't live many hours, of course, but relieve her while she remains, if you can."

I thanked him and said I would do as advised, but office callers hindered me from going for some four hours. When I did go I found that the doctor had made a special visit and enquired as to my being there and had left without doing anything further. The husband, who with several others were taking turns in holding the sufferer up during the constant retching, came to me saying: "My wife wants you to relieve her if you can." I went to the bedside. The patient could not speak, but nurses told me that she could not hold a thing down in shape of medicine—nothing but a teaspoonful of water could be given her, and that distressed. The mention or smell or thought of food was torturing to her and had been for days. I could learn nothing more and hence seized upon that fragment. Put about twenty drops of Colchicum 200 into half a glass of water and gave her a teaspoonful, which in the vomiting was in less than a minute gotten rid of. I gave another and still another until, after five minutes, I supposed that perhaps enough had been absorbed to make an impression.

In twenty minutes they could lay her down and she enjoyed an interval of three minutes' rest before the next paroxysm, then five minutes rest and so on till I left. Next morning I returned and found that the rest intervalsⁿ had increased until two hours had intervened between spells and paroxysms much less severe. The doctor came while I was there and found her asleep, whereupon he called the husband aside then beckoned me to join them. The husband recited the story of change, and I told the doctor what I had given. He simply said "so much water." I replied, "Be it so, but is not water with such results better than your medicine with former results?" "Merely a coincidence doctor," was the reply. I answered, "Perhaps so."

Next day I was called up by said doctor over the phone, and told that he had turned that case over to me, and had so notified the parties concerned. I declined to accept it thus, as evidently death was close to the patient. But it was so settled and I at husband's request submitted.

Patient rested easily and three days afterward I found the company gathered around her, handkerchiefs in hand, waiting for the

last breath. She could not swallow, and they were occasionally touching her lips with a piece of ice, which seemed to be gratifying to her. It seemed but a matter of five minutes till the close of the scene. They were fanning her. I then secured a glass one-third full of water, dropped ten drops of Carbo veg. into it, put in a piece of ice; took a piece of cotton rag which was handed me, put it down in the tumbler till it was very cold, then when the patient's lips seemed by their motion to call for the ice touch, I touched them with the ice cold rag thus saturated.

This I repeated two or three times and then she partially protruded her tongue. I moistened that in the same way and this was repeated a few times with a dozen people looking on in curious surprise. In less than twenty minutes the woman showed signs of improvement and gradually gained and lived for ten days more in perfect rest and peace, and even received and retained nourishment—beef tea and other foods—till her strength and ability to notice and converse with friends made them begin to hope that she would yet get well; but after about seven days the parotid gland began suddenly to swell and attained quite a size, and the throat internally was involved.

I was called up one morning and notified that Mrs. Y. had peacefully passed away. Fourteen days of rest and a peaceful departure, after the verdict that a few hours would finish her, and with such agony, was enough to make any human being bless Homeopathy, and I do, with all the emphasis of my intensest devotion. Bless it and the day I found it.

This case has proven more lengthy in its recital than I had intended, or than may be desired, but if it meets the requirement urged upon an "applicant" for membership in the I. H. A., it is enough, unless I weary you unwarrantedly.—*The Medical Advance*, February, 1907.

FERRUM PHOSPH. IN PNEUMONIA.

TO THE EDITORS OF THE HOMEOPATHIC WORLD.

SIRS,—I would like to record the following case: My own child, a boy of 2½ years, developed a slight cough, very occasional, for a few days, and then got feverish, with diarrhoea. I treated him chiefly with *Acon.* and *Bellad.*, and some remedies which seemed suitable to the condition of the bowels, without any seeming effect. After seven or eight days he was much worse, and the bowels acted

almost continuously, a little every few minutes, and quite involuntarily. I asked the doctor (we have only one homeopath here, unfortunately) to see him. Temperature 105°, and the right lung was found to be inflamed; skin hot and dry, and the child almost delirious. *Ferrum phosph.* 6x was ordered, two doses, and by night his skin got moist, and the next morning his temperature was almost normal, bowels right. The next day he was playing out of doors as usual. A cure in *forty-eight hours*, though he was under treatment with *Phosphorus* for a few days longer.

Yours faithfully,

A. WHITE.

Capetown.

The *Homeopathic World*, February 1, 1907.

A SULPHUR CURE, VARICOSE VEINS.

Mrs. —, thirty-two years old; poor when a girl, had varicose veins on legs, which broke repeatedly. Several pregnancies had increased the trouble. She has now, and has had for fourteen weeks, a varicose ulcer, which has been treated, unsuccessfully, with applications of cold water. Symptoms: Two ulcers, each about two inches long, on the ankles of the legs. The ulcers are two or three lines deep, secrete much thin, sanious pus; the bottom looks dirty; varicose veins on each leg with most tearing pain in the limbs during the night. *Sulphur* eased the pain and gave some rest; pricking in the tissue below the ulcer, which discharged and bled freely. During the last few days, cough and pains in the sides. On November 11th she received *Sulphur*, one dose every five days. Great improvement, the ulcers are filling up with healthy granulation; increase of pain in the adjoining tissues, especially in the vein. Complete cure at the end of the month.—The *Homœopathic Envoy*, February 1907.

II.—RECURRENCE OF MALARIAL SYMPTOMS AFTER FIFTEEN YEARS' QUIESCENCE.

FROM THE CLINIC OF DR. BURFORD.

REPORTED BY E. CRONIN-LOWE, M. B. LOND.

C. H., a married woman, aged 36, was admitted into the Ebury Ward of the London Homœopathic Hospital on January 26th, 1907. She underwent an operation, ether being used as the anæsthetic. During her convalescence, there occurred quite a marked recurrence of previous malarial symptoms.

The following are notes of the case :—

Fifteen years ago, when seven months pregnant, she became suddenly ill, with high fever, lasting over three weeks, and which during that time showed a daily periodicity of considerable regularity. There was first a well-marked "cold stage" with shivering place to a "hot stage," and this again followed by profuse sweating.

She had never been in a malarious district, had never been out of England, and this illness occurred at Redhill. Her husband, however, had been in Africa previously, and had suffered from malaria, and it was thought at the time that she had been infected by him (I doubt that we can accept such theory). She was treated allopathically with quinine, but remained very weak and anæmic for some three months after this. Her child was born a week after the illness ceased, and has always been well and strong.

On the third day after her operation in hospital on January 28th, 1907, she complained of not feeling so well. But it was not until the eighth day that she told fully of her previous illness, and then she was having recurrent febrile attacks. These were quite mild, the periodicity was marked, the cold, hot, and sweating stages easily discerned, the whole cycle lasting on the average about three hours, but recurring somewhat irregularly—sometimes in daytime, sometimes at night. The temperature during this time never exceeded 100°. Blood films were prepared during the hot stages and examined by Leishmann's methods, and while showing no actual leucocytosis, yet there was an increase of mononuclear leucocytes to 15 per cent., and of eosinophiles to 4 per cent. This, according to Sir Patrick Manson, is frequently present in post-malarial states, and is diagnostic. No plasmodium bodies were discovered—nor was the spleen enlarged.

Natrum mur. 30, was the remedy prescribed, and after its administration the condition slowly subsided, and in five days entirely disappeared.

This is the only recurrence of the malarial taint that this patient has experienced since her initial illness fifteen years ago.

This case serves as a very interesting example of the deeply acting influence of those more serious diseases which, although apparently eradicated by the medicinal treatment used at the time of infection, and during the period of their manifestation, yet remain latent and reappear on some such occasion as this, when the natural defence being embarrassed, the imprisoned enemy gains the opportunity it awaits.

Simple though this case is, it nevertheless opens a wide field of reflection. For why should a disease, after so many years, suddenly manifest itself without any sign of fresh infection? for such possibility was disproved both clinically and microscopically.

No doubt, during the primary illness a certain amount of immunity was established against the malarial invasion, and this seems to have been perpetuated as an active suppression of the disease, not an eradication. Probably "opsonins" of some variety were responsible for this custody. Then some intercurrent disorder, in this case the surgical shock of an operation and anaesthesia, taxing the patient's defence, these old-established "legions" were recalled to reinforce against the new invasion, and so released their prisoner. For only in such a way can be explained the interruption of this long-established latency of so virulent a disease.

Attempt has recently been made to prove that each specific disease has a set of special opsonins. Our case would tend to contradict such an idea. For why, if so, should the malarial custodians be requisitioned, when there should be idle armies awaiting the new attack?—The *British Homœopathic Review*, March 1907.

Gleanings from Contemporary Literature.

A LOOK TOWARD THE FUTURE.

BY CHARLES WOODHULL EATON, M.D.

Des Moines, Ia.

A look toward the future of homœopathy must be either propnetic or militant ; it must either concern itself with philosophizings as to the probable rate of growth which the future has in store, or else it must concern itself with the endeavor to discern what lines of effort will prove most potent in advancing that growth. A look toward the future must either forecast or campaign.

It is fitting that we turn our attention to forecast long enough to see clearly and unmistakably that the final triumph of homœopathy is sure. So far there is certainty. How many years must intervene before this consummation, no one knows. How rapid or how slow the progress of the next few years may be, no one can say. How long or how short is the vista of years down which we look today, no one can tell. But at its farther end, clear, distinct, unmistakable, certain, stands the final triumph of homœopathy.

Why are we justified in declaring that the proverbially uncertain future holds for us this certainty ? Because homœopathy is not a theory, not an hypothesis, not a philosophy ; it is a natural law, and every natural law, sooner or later, gains universal acceptance. There was a day when Sir Isaac Newton was the only person who accepted the law of gravitation ; but even on that far off day it was absolutely certain that some future day would witness its universal acceptance. There was a day when Samuel Hahnemann was the only person who accepted the law of homœopathy ; but even on that far off day, it was absolutely certain that some future day would witness its universal acceptance. The final acceptance of this natural law is certain ; therefore, the triumph of homœopathy is certain, for the two are synonymous.

It has been urged, and justly, too, that we should have a care not to spend time in the mere glorification of homœopathy which should be devoted to downright work upon materia medica, therapeutics, and all the allied sciences which minister to the practice of medicine. But in such an hour as this, when we deliberately pause to interrogate the future it is fitting that we should stop long enough to renew and reinvigorate our appreciation of the sureness of the foundations. The foundations of every natural law stand sure always and everywhere, and homœopathy is not a theory, is not a postulate ; it is a natural law ; therefore, its foundations cannot be moved, and its universal acceptance sooner or later cannot be escaped or avoided ; it is inevitable.

Now mark : this sure prophecy of the final triumph of homœopathy is not dependent upon the numbers and enthusiasm of this meeting ;

neither does it depend upon some elaborate and intricate demonstration which can only be carried through in an extensive and well equipped laboratory. All that is required is on the one hand a sick one needing help, and on the other your knowledge of similia, and the demonstration is complete. Not in the uplift of these Atlantic City days, not in the enthusiasm and momentum of these hours of assembly, not in the numbers and rare comradeship of this occasion—not in these is to be found the sure prophecy of homœopathy's final triumph. It is found whenever and wherever the individual physician, in that isolation and loneliness which is the pathos of his work, patiently matches the two series of phenomena and demonstrates homœopathy to be a natural law. Not in great and far separated occasions like this, but every hour of every day of every year, thousands of physicians all round the world are demonstrating the law to be, in fact, law ; and every such demonstration is an inevitable and sure prophecy of its final acceptance.

" But," it may be objected, " science is constantly advancing, constantly changing, and new discoveries and developments are making it necessary for science to change or modify its opinions almost continually. How then can homœopathy be sure of its future ? Just as time makes ancient good uncouth, so it has always been making ancient science uncouth. In view of these perpetual and sometimes revolutionary changes, what warrant have we for the confident prediction that homœopathy, permanent and unshaken, will move forward to the ultimate triumph of universal acceptance ? "

Just this : that facts never change, and homœopathy is a fact. What we know as science is made up of two elements,—theory and fact. Theories change constantly ; facts are always the same. The atomic theory may go by the board ; but that what we know as sodium, and what we know as chlorine, will, properly combined, produce common salt, is a fact, and will continue to be a fact to the end of time. Present theories as to how morphine induces sleep, and strychnine, spasms, may go by the board ; but that the *similimum* cures is a fact, and will continue to be a fact to the end of time. Every single one of us should be aggressively confident of the ground on which he stands, for every one, if he will stop to think of it, daily demonstrates the solid and unchanging fact.

Of course this does not mean that there can be for us no progress. Beside the advances in materia medica and the whole cluster of sciences which make up the practice of medicine, it may well be that we shall come upon certain new and special facts which shall facilitate, or make more unerring, the selection of the *similimum*. For we may be sure that these new facts, if we come upon them, will be evolutionary, not revolutionary. The new facts will always dovetail into the old facts. Facts never collide. As has been tersely said, ours is a universe, not a multiverse. And the progress of science will mean the development of

homœopathy, not its decadence ; for progress never repeals natural law, it elucidates and enlarges it.

So as we pause today to look soberly and thoughtfully toward the future, it becomes increasingly clear that the final triumph of universal acceptance awaits the natural law of which we are the custodians. This final triumph is of necessity and inevitable because natural law must be accepted, finally ; will be accepted, finally. But this universal acceptance waits, and this waiting means detriment and disaster to men, women and children innumerable. Meanwhile, we are the custodians of this law, and therefore with us rests the high duty of its promulgation. When we stop to think how lives and health of our fellows wait upon the spread of homœopathy, the sense of responsibility becomes so great as to swallow up all other considerations, and make it seem that all our thought should be centered upon the work of extending its knowledge as rapidly and widely as possible.

So while it is proper and right that when gathered in this great convention, we should take time to view once more the noble dimensions and enduring stability of the foundations on which we build, take time to turn our faces toward the years yet to be that we may catch a glimpse of the rising and broadening character of our work, yet a look toward the future should concern itself mainly with the question as to what forces we can set going which will prove effective in spreading the knowledge and practice of homœopathy's beneficent ministry. Look toward the future for what we can see? Yes. . But better, look toward the future for what we can see to do.

What, then, is the best thing we can do to promote the spread of homœopathy? What one thing shall we do to most effectively enlarge and hasten its advance?

The answer is plain ; Get men and women. Get men and women into our colleges so that four years later we can get them into our communities. Get men and women that we may set them to practising homœopathy. Homœopathy is not a theory, it is a practice ; it is not an abstraction, it is a practice ; it is not a philosophy, it is a practice. And there is no such thing as a practice without a man or woman practising. How often have we seen communities become easily and naturally and quickly homœopathic just because some man or woman went there and practised homœopathy. And they could have become homœopathic in no other way. They never could have become homœopathic through the agency of newspapers, or pamphlets, or controversial articles in the reviews. Such a result is possible only through its practice. You and I did not become homœopaths through theorizing. We became such from having either observed or experienced its practice. Homœopathy as an abstraction is of no service to any one ; it is the practice of homœopathy that is of such value.

Get men and women. Hahnemann's *materia medica* is of no use to any one, so long as it is merely the printed page between the two lids of

a book. But when through the agency of some living mind it is applied to the relief of the delirious and distressed patient, then it becomes invaluable. Homœopathy is men and women practising it. Pardon the use of the words, for they are taken reverently,—it must always and everywhere be “The word made flesh.”

Notice, that the admonition is not merely to take the men and women who come to us, but to go and get men and women. It used to be sufficient to just take those who came to us. In those old days, entrance into the profession was easy—two terms of five months each. It is quite another matter now, with four years of nine months each. I venture to say that three-fourths of our best men of today would never have entered the practice of medicine had the requirements of time and expense been as great then as they are now. Again, we must now go and get men and women instead of merely waiting to take those who come to us, because we have lost the potent influence of the preceptor. In those days of short terms and long interims, the preceptor's work and influence was lasting and deep, and the training he gave in plain, every day practice was beyond compare. The long term and short vacation of the present day have resulted in the extinction of the preceptor; and while the student still has his Alma Mater, he has been bereft of his Alnus Pater, and this half orphan must therefore be looked after accordingly.

I am not inveighing against the present day requirements for medical graduation. It is idle to expect any backward step, but I do protest against the folly of installing the modern, advanced curriculum, while at the same time clinging to the old method of looking for students, which passively waited for them to come to us. One cannot combine the modern and the antiquated in this ill-assorted way and hope for satisfactory results. Let the curriculum remain modern, but by all means make the methods of student-supply modern also.

Get, aggressively get men and women. But I seem to catch the sound of an echo, and its words are these,—“Yes, this is all very well, but what means, what methods are we to employ to thus get them. How are we to really go about it? It is all very well to say it should be done, but how should it be done?” It is a pleasure to accept this challenge, but first let me point out that while it is becoming in the speaker to call your attention to the inevitable logic of present day conditions, and the stirring and mandatory appeal which these conditions make to us to supply the men and women which the hour so justly and urgently demands, it would be affronting to arrogate to himself the wisdom to determine the best method of action. An individual may point out the need, but how to best meet that need is a matter to be worked out by collective thought and wisdom.

So while the logic of our present situation may with propriety be set out in emphatic and assured terms, any consideration of the best means for translating that logic into action, must be merely suggestive, and simply the submission of possible methods of procedure. That we go

out and get men and women is logic's imperative command ; how we shall go out and get them must be wisdom's deliberate problem.

It is obvious that we would get more men and women if we should lessen the expense of a medical education. Most of us are graduates of the old regime and we fail to realize how formidable is the expense of the modern four years' course. The difficulty is not merely that four years are required, but that the college year has been lengthened to nine months. This adds doubly to the expense, on the one hand lengthening the time during which college expenses continue, and on the other, making the vacation so short that the student has little chance to earn any money. What can be done about it?

None of us are willing to see the standard lowered or the requirements lessened. Then there is only one thing to do and that is to help the student a bit with his burden. This can only be done through endowments. I hope to see the day when our homœopathic colleges will be so far endowed as to enable them to abolish tuition altogether. The reason, education is becoming more general is because it is becoming steadily more free. The High School of today is almost equal to the college of the past, and it is absolutely free. It would not take a large endowment to free our colleges from tuition ; and homœopathy's clientage has the necessary money and is ready to give it when we ask for it in the proper business-like, organized manner.

It is further to be hoped and worked for, that there shall be added a student endowment, which will enable the college to extend a little help to all its students who have not sufficient means. To all such, just a little aid,—one hundred, fifty, or even twenty-five dollars a year, is a wonderful help, far beyond what at first thought could be supposed.

Many a student otherwise lost to us would find it possible to enter our colleges if the burden of tuition were done away ; many more would gladly enter our doors if we could just give them the help of only a little twenty-five dollar fellowship—little in money, but big with courage to the one who finds that he is really wanted, and cared for, and helped.

It would seem that the work of gathering both tuition endowment and fellowship endowment might be entered upon in such an organized, forceful and systematic manner as to gradually build up these funds to a point where they would become substantial aids to the student body, and so get for us many men and women from the desirable middle class that otherwise had been lost to homœopathy.

But this is an impatient age ; and the gathering of endowment aid for students would be the gradual work of years. It would take time to put us where we would get men and women because we could help them ; are there not ways in which we can get them now without waiting until such time as we shall be able to give them the benefit of endowments ?

Undoubtedly ; and these ways would all have for their common object the spread among students in high schools and colleges of a knowledge of the opportunities which the practice of homœopathy offers. The inclina-

tion and desire of large numbers of these students is toward the professions. They would like to become lawyers or physicians, but they are told on every hand that these professions are over-crowded and that it is a long and hard struggle to secure a foothold. This is true enough so far as allopathic medicine is concerned; but who is there to tell them that in the homœopathic profession there are a dozen openings waiting for every graduate? No one. Who is there to tell the students in the High Schools and Colleges of my own state that in that state we have twenty-five calls for homœopathic physicians to every one we can supply? No one. This will not do; they must be told. We shall get men and women if they are told.

But it must be a real telling, a telling which really tells it. It will not do to tell it through the medium of speeches upon the floor of our state societies. That is telling it to ourselves. We must tell it to them. One of our large colleges has had an advertisement in our medical journals which contains the admonition in large type "Don't Study Medicine Unless You Study Homœopathic Medicine." That is well, but it is not telling. For who sees it? Homœopathic physicians and their students. Who should see it? The pupils in our high schools and colleges.

To indulge a paraphrase,—

The man who has something good to tell,
And goes and whispers it down a well,
Is not so likely to collar the scholars,
As he who climbs a tree and hollers.

We must tell these men and women, actually convey the information, and we shall get them. It must be done in a dignified and professional manner, of course, but that is precisely what will make it effective. Just how this telling is to be accomplished may well engage our wisest and most sagacious men. In my own state we have a homœopathic college, and for my part, I should be glad to see our State Medical Society employ a permanent field secretary who should devote his entire time to bringing to the attention of the students in our high schools and colleges the opportunities open to them in the practice of homœopathy. If only thirty of us should mutually agree to contribute ten dollars each per month, this would suffice for the services of a high class man, and for his expenses. And ten dollars a month would be a small amount to pay for such an advance of the homœopathic cause as would result. It would even prove a good investment in dollars and cents, should any one desire to view it from a mere commercial standpoint. But whatever methods might be employed, and however the details might be worked out, I think we shall all be agreed that the imperative duty of the hour is to get men and women, and that if the student body of our higher schools knew the opportunities awaiting them in the practice of homœopathy, they would flock to the doors of our colleges. It behoves us then to set diligently to work to devise means whereby we shall actually gain the accessions to our ranks, which naturally and by right belong to us. In what other

direction could we as profitably turn our organized energies? What could be a more inspiring work than getting in touch with these young people just when they are looking for something to do in the world, and showing them how homœopathy waits to give them useful and honored careers? What would so splendidly hasten the ultimate triumph of homœopathy as to thus crowd our lecture rooms and our clinics with these choice young people, and then send them out year after year to spend a busy life in bringing homœopathy as the real friend in need, to those to whom before it had been nothing but a strange and empty name. This would make organized activity yield substantial results; this would fill the hands of endeavor with opulent reward.

Get men and women. But do we not need to perfect our materia medica? Yes. But an absolutely perfect materia medica would be simply worthless without men and women to apply it; and the present materia medica is putting health in the place of despair every day. We can wait for perfection, but we cannot wait for men and women.

Get men and women. But do we not need better teaching of homœopathy in some of our colleges? Yes. But absolutely perfect teaching makes no impression on rows of empty benches. Get men and women. But do we not need more Dunhams, and Hering, and Hughes, and T. F. Allens, and Helmhuths to make good the places of the master minds we have lost? Yes. But the best way to fill up these gaps is to put a thousand practitioners in the field for every giant who rests from his labors.

Get men and women. We can do it. What if it does take time? History seems to move slowly when compared with our brief personal day and our impatient desires; yet who is there to doubt that it steadily moves on its undelayed affairs. And when homœopathy is set over against its proper background of history, who is there who does not marvel at the rapid progress which one brief century has bestowed? With this great gift from history already in our hands, who is there to doubt that she stands ready to reward our further faithfulness and diligence with an ever accelerating, ever broadening, ever deepening acceptance of homœopathy.—*The North American Journal of Homœopathy*, March, 1907.

HAHNEMANN AS A HYDROTHERAPEUTIST.

Translated for the HOMŒOPATHIC RECORDER from the *Allgem. hom. Zeit.*,
December 27, 1906.

In an extensive work on German Springs and German Hydrotherapy ("Deutsches Badewesen in vergangenen Tagen und Beiträge zur Geschichte der Deutschen Wasserheilkunde"), with many illustrations from old wood cuts and copper-plate engravings (published by E. Diederichs, Jena, 1906), written by Alfred Martin, in the chapter on "German Mineral Springs and Hydrotherapy since the Thirty Year's War," there is a paper by Samuel Hahnemann from his work, "*Anleitung alte Schanden und faule*

Geheime zu Heilen" (Directions for the Cure of Old Hurts and Malignant Ulcers), from the year 1784, which gives us a clear presentation of the views of Hahnemann as to the value and the necessary improvements in the hydrotherapeutical method.

Day by day Hahnemann's principles as to pharmacotherapy receives more and more recognition and reception. It is no less gratifying to see Hahnemann's merits also in the domain of physical curative methods, as here especially in hydrotherapy, recognized, as is proved here by the fact that he in this, the best work we have at present on this subject, is duly noticed and valued. His name is mentioned with those of other great authorities, who at that time raised their voice in favor of the revivification and rational development of Balneotherapy, and of Hydrotherapy. Yea, Hahnemann is mentioned as one of the founders of the scientific application of water, who for the first time set up accurate indications and defined these, and who sought to put an end to the mischievous abuses then prevailing, and especially insisted on the strict individualization of all cases. Besides Professor May, of Heidelberg, and the balneologist, Marcard, of Pyrmont, the chief authorities mentioned are Dr. George G. Offerdinger, of Cannstatt; Professor Brandis, balneologist, in Driburg and Dr. Samuel Hahnemann, all from the last two decennaries of the seventeenth century. We know that about this time hydrotherapy, after long lying dormant, took a new start and that the commencement of modern hydrotherapy is dated from that time.

The pamphlet of Hahnemann mentioned here has become very rare, and our readers will, no doubt, be gratified to have reproduced in our columns the part which refers to his hydrotherapeutic views, and which, as mentioned before, Martin has reprinted in full in his splendid work. It is interesting to notice how Hahnemann also here distinguishes himself by his thorough acquaintance with his subject, his complete mastery of his theme, his sharp observation, exact individualization and his conscientious weighing of indications and contraindications. Hahnemann's presentation of the year 1784 might, as to the largest part, be given as the instructions in a modern Manual of Hydrotherapy of the year 1907. He writes as follows:

"If there were any medicine of universal efficacy, this would be water. I am not able to cure my patients who have old sores without cold baths; i. e., I cannot permanently cure them without it. Cold itself seems to act in these cases not only as a strengthening and contracting agent, but also as an antiseptic. The curative force of cold can in no way be so locally applied as by means of cold baths, a use which can run through all the degrees of the thermometer, without leaving any ill effects and without expense."

No matter on what part of the body the hurt may be, my first direction is to take water at fifty degrees of Fahrenheit as a footbath every evening before going to bed, allowing the water to come up only to the ankles, and keeping the water in constant motion. This is the lowest degree of

the strengthening bath, and even invalids of extreme feebleness find it useful and not hard to bear. This I increase more and more from time to time, according to the increase of the strength and the benignity of the wound, increasing it gradually to the full bath of fifteen minutes duration even to taking it three times a day; early, before breakfast, two hours after dinner, and half hour before going to bed; lowering the temperature of the water to forty, thirty and even twenty degrees Fahrenheit. These are the extreme degrees.

As we can not obtain such exactness in flowing water, the coldness of the water must in every case be kept uniform by a steady motion of the water, and the quantity of water must for the same reason be not small, If we would reach in the bath in a room all the advantages of the bath in the river.

The degrees of cold and the increasing movement of the body must be augmented, as the strength is augmented in equal proportion. In such a bath-treatment, so many degrees of increase may be applied that even the weakest body can gradually mount to the highest degree without any shock to its feeling, if only the exact directions of the physician and the most exact obedience on the part of the patient may be combined.

I have never been able to cease wondering that our great physicians in prescribing this strengthening cure are so negligent in their direction as to this cold bath. "Let them use half baths or full baths in the morning and also in the evening;" that is about the substance of their directions. Of the degrees of cold, of the exact duration of the bath, and the other necessary accessories, there is no word. All wonder at the frequent injuries to the health through these cold baths will cease at once when we consider how many deleterious effects may have been caused by the misapplications, owing to these mutilated directions given in three syllables.

An enfeebled patient would throw himself for hours into snow-water, in order to give honor to these great men through a heroic obedience to their indefinite prescription, and would be drawn out in a swoon, benumbed with convulsions paralyzed with stroke or with a cold leading to putrid fever, or perhaps even dead. Can we blame the beneficent iron when a minor child opens its arteries with it, should we not rather accuse the negligence of its guardians and of the law givers? In giving regulations for the use of powerful remedies we cannot be too careful and circumstantial; there will be plenty of negligent observance in any event.

This indefiniteness has raised up many enemies to cold water, so that we find a great number of men who shun cold baths as the extreme degree of medical torment, as worse than death. But the leaven of unreasoning imitating physicians through their senseless application of these indefinite prescriptions of our followers of Hippocrates have brought cold baths into the utmost degree of disgrace. The patient was frequently forced to get into a cold bath and usually to remain in it for a whole hour. In order to moderate the pain of the cold penetrating into him, he would feel that there was no means left to him but to sit still immovably. After the course of a quarter of an hour, after having wasted much strength to endure the cold from so great a quantity of water, the water around him would gradually become lukewarm. He would remain sitting quiet in order to recover as it seemed to him in the warmer atmosphere of the water and to renew the strength which he had to expend on the warming of the water. This warmed water now acts as a lukewarm bath and finally takes away a part of the strength which the endurance of the excessive cold of the water has left to him. Now he is wrapt in warm clothes and put into a warmed bed, a treatment which completes the injuries caused by such a senseless bath. Now he will come into perspiration, and by this twelve hours' torment he will lose twenty per cent. from his hundred of

strength which he had before the bath, not to mention the convulsions, the cold, the cough, the diarrhoea and the rheumatism which he will endure on the ensuing day as inevitable consequences of his valuable bath. The pity is that he can endure the blessings of such a bath only three or four times, else it might have been of real use to him! A very nice prescription, almost universal, which of itself recommends it highly, and which is severe enough to fill the cemeteries of the most celebrated springs of Europe to quite a degree; though I consider myself lucky to have given it up in good time.

As my patients are only led up to such a point in proportion to their increasing strength, as mentioned above, it is found that they generally after their cure is completed are hardly willing to give up their cold baths. I do not notice any colds as following my directions, but rather an increased or at least an undiminished perspiration, and the strength is augmented from day to day, since I do not withdraw more heat from their body than is very soon supplied from the warmth of their own blood. The momentum of the blood circling through their body is increased by the equable contraction of the muscular fibers and vessels caused by the cold just as the strength of a spiral spring is increased the more closely it is wound up, and all the functions of the body receive new life. To increase this strengthening and contraction, I enjoin on the patient in every degree of the bath, as absolutely necessary to keep the water in a steady motion around the body or the part immersed, and to take as large a vessel for the bath as is possible, in order to counterbalance the advantage which the flowing water otherwise has above the baths taken in a room.

I do not like to use river-baths before the cure is completed, when some more or less cold and a neglected supervision will do no harm, otherwise I confine it all to baths in the room where we can exercise a proper guidance and every advantage of the running water may be obtained in the manner stated above, without any of its disadvantages.

The water may either be moved by the patient himself, if he has the necessary honesty, or it may be provided for. The way in which water is renewed in distilling suffices for this purpose. Thereby an equal quantity of cold water sinks to the bottom of the bath-tub as will run off at the top after having been warmed by the heat of the body; this is effected readily, since the water when warmed by the heat of the body, being lighter, will rise to the top, while the cold and heavier water will sink to the bottom. Where there is no regular bath-tub with its arrangements a tub in which the water is kept in motion by the arms will suffice. Men of less means, who can not readily determine the degree of cold, and who have few conveniences, are given more simple directions. The degree in which the body is dipt in and the time is the only thing which serves to increase the effects of the bath with them. The prescription then is simply to immerse the body in water from a very deep well to a certain depth and for a certain length of time, whether this may be in summer or in winter. This I increased from time to time, according to the increase of the patient's strength. Since the prescription is so simple no misuse is to be feared; and the poor have thus almost the same good results as are enjoyed by the rich.

The coldest water which even wealthy men can have in summer is nothing but that from wells, which are thirty and more feet in depth, and these have at most a little less than fifty-two degrees of heat by Fahrenheit's scale. Unless the expense of increasing the cold by means of ice from ice-pits should be made. But the coldest water from a well is cold enough for any one in summer, since the lesser degree in cold can then be made up for by a longer duration of the bath or by immersing more of the body in the water.

The feebleness of a patient at times, also the roughness of the weather, almost always make it desirable before entering into the cold water and after coming out from it to take some moderate exercise ; an excellent means of keeping the circulation in order.

The warmth of the blood thus put into more rapid motion can then more readily resist the coldness of the bath, and can contract the muscular fibres and the vessels in a uniform manner. Just this action yields the advantage, that a cold bath never causes a cold, and that the steps of increasing the severity of the bath may be taken more quickly than when the patient has remained at rest and exposes himself all at once and unprepared to the coldness of the water.

The exercise before the bath should, however, be so moderate as never to cause perspiration nor weariness. With this limitation extraordinary advantages which cannot be obtained in any other manner may be derived from these baths.

When the cold bath is increased, especially in the latter part of the treatment from the half bath to the whole bath, and when the degree of cold and duration of the bath are increased daily, I allow my patients to take one or two of the glasses of wine permitted them, while they are in the water. I have often seen proof of the advantage of this method, and any one thinking about it will easily see the use of it.

To the regulations about the cold bath I add another important rule, which is in close connection with the rules before mentioned, a particular which includes in it the advantage of the moving of the water. *Without this application I never allow a cold bath to be taken. From the first slight immersion up to the coldest entire bath, I direct the patient to rub the parts in water and those next to them with woollen cloths, and all the more strongly as the time for leaving the bath approaches. The patient may do this himself or another person may do it for him. After he comes out, I direct that the same part be rubbed only with dry cloths which may be made fragrant with the smell of spices or of rosin, and this for several minutes even more strongly than when in the bath; then he is covered and may take up an exercise for a quarter of an hour or a whole hour, such as is adapted to his strength.*

If the advantages of the bath are desired to be increased the rubbing of the parts to be immersed may also be taken up before the bath ; this will obtain advantages not to be obtained otherwise.

The same advantages which may be gained for the entire body by exercise even more may be obtained for special parts of the body by rubbing them, especially with woollen cloths. The vital force is awakened, the circulation of the fluids is greatly increased and brought into a more perfect order, the muscles of these parts are strengthened, the skin becomes more sensitive and more receptive for the impression which the cold water is to make upon it. We may compare this with the rubbing, beating and flogging of the hides which are to be tanned; by these means they are prepared so that the contractive force of the tannin may act upon them more strongly. Pardon this comparison, as it is very suitable. In a word, by rubbing there are secured advantages which we would strive in vain to gain by any other means. Thus prepared, even the most feeble person may take the coldest bath with benefit.

In thus making the cold bath next to the proper diet the main factor in the strengthening treatment for old ulcers I have the most exquisite and numerous cases to support me and I demand the most complete faith in this matter.

That even the poorest can make use of this glorious means of relief easily and without extensive prescriptions, except those already given above, is no small proof of the excellence of the method. He may both before and

after the bath move about as well and be rubbed as well in the parts about to be immersed, as the richest. He can enjoy the open air and a strengthening draught of beer will serve him in place of the wine. Then again his body, which has usually become firmer and more nervous through his education and mode of life than the more delicate constitution of the wealthy, will more readily respond to suitable remedies. Even one-half of the remedies given to the more luxurious will do for him all that is needful, and black rye-bread will serve him instead of strengthening soups. So he also is provided for."

These words show the transcendent greatness of Hahnemann above his contemporaries! As in his pharmacotherapy, in surgery, in chemistry, etc., so he created also in this department original and ingenious ways and went his own paths; while few recognized his genius, he was nevertheless, highly honored and esteemed by the leading spirits of the age who were free from narrowing prejudice (Hufeland and others)—just as it is today. *THE Homœopathic Recorder*, March 15, 1907.

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[No. 5.

HOMŒOPATHY IN SURGICAL CASES.

The most effective way of showing the beneficial action of homœopathic medicines is in surgical cases, that is, where operation is wanted by the orthodox school. There homœopathic medicines may avoid cutting and clipping in restoring health. In abscesses, enlargement of glands including tonsils, carbuncles, etc., skill of a homœopathic physician may be shown to the wonder of many persons who are not acquainted with the good effect of homœopathic medicines. When homœopathic practitioners are called in such cases at the early stage, most of them are cured. In abdominal abscesses, as appendicitic, renal, illiac, psoas and other forms, homœopathic medicines have ample power to do good, if any physician of qualification is trusted with the case from the very beginning. But ignorant and unfortunate men, fallen in the clutches of an orthodox practitioner, do not find their way to adopt homœopathy in such cases, and if they do it at all, it is in the stage of suppuration, when the skill of homœopathic medicines can rarely be shown. In fact, the reasonable chance to avoid operation lies in the stage of inflammation which can be relieved by homœopathy. In the stage of suppuration, the principal object is to get rid of the pus. The ignorance of the generality of men of the power of homœopathy in the first stage, that is inflammation, makes them liable to lose their life.

On the other hand, skilful operation and the use of homœopathic medicines do not go side by side, for homœopathic practitioners are not trusted with operation. The effect is that patients forfeit the use of homœopathic medicines, which orthodox practitioners are bound to ignore. The general result is unsucess. Many cases have come to our observation which do not speak well of the orthodox surgeon. In one, the patient was suffering from difficulty in passing urine which was supposed to be stricture, for which catheter was introduced to relieve the bladder without much success. Then he was given a dose of opium to facilitate the introduction of the instrument. In this case opium had the contrary effect. The spasm was made more tenacious and irritability was the result. The orthodox surgeon had not the power to understand it. Abdominal section was performed and the bladder was opened. A drainage tube was inserted to take out urine. Sloughing of certain parts of the urethral canal ensued, and death followed. It remained unknown why the sloughing was caused. It was said that it might have been caused by the gonorrhœal stricture from which the man was suffering. But we are of opinion that the sloughing was due more to the introduction of catheters which were not under antiseptic influence and careless use than to the stricture. The case was treated by us after his return home from the Medical College Hospital where the operation was performed. The patient was getting severe chill every day at the hospital and no medicine was administered to prevent it, not even quinine. He was taken back to his house to die as all orthodox skill was fruitless.

The reasonable conclusion in this case is, that had Dieulafoy's needle was introduced in the bladder to aspirate the urine after the bad effect of opium, there would have been chance for nature to assert its influence. If sloughing in the urethral canal necessitated operation, ordinary lithotomy would have given better result.

In another case of abdominal abscess, homœopathy was not thought of till there was suppuration and the formation of a

large abscess. He was removed to the Medical College Hospital and died there. It can be said that had the patient been under the skill of a careful homœopathic physician from the very beginning, his life might have been spared.

CHANGE EFFECTED IN MEDICAMENTS BY DILUTIONS.

By DR. P. JOUSSET.

Two opposite opinions on the modifications carried by medicaments by dilutions have been emitted and each of the two reckons even to-day its convinced partisans.

The two opinions have been formulated by Hahnemann himself; the first is an issue of the beginning of his career; the second formulated after a long time has given the teachings of Hahnemann in the last part of his career and has a regrettable mystic character.

At first Hahnemann prepared his dilutions in the following way: "Thus two drops of the fresh vegetable juice mingled with equal parts of alcohol are diluted with ninety-eight drops of alcohol and potentized by means of two succussions, whereby the first development of power is formed, and this process is repeated through twenty-nine more phials, each of which is filled three quarters full with ninety-nine drops of alcohol, and each succeeding phial is to be provided with one drop from the preceding phial (which has already been shaken twice) and is in its turn shaken, and in the same manner at last the thirtieth development of power potentized (decillionth dilution X) which is the one most generally used." (*Organon*).

Such is the technique indicated by Hahnemann to prepare the dilutions. Remark that at the first time he gave to the phial a large number of succussions and that our pharmacists of to-day adopt this old practice. We will take occasion at the present moment to give the reason for which Hahnemann limited to two succussions to be given to dilutions.

First opinion on the action of dilutions on medicaments.
The dilutions are destined to weaken the energy of medicaments.

Hahnemann explained in his first publications, as dilutions bring on the progressive diminution of the administered medicine following the law of similitude, truly supporting the principle that the dose of the medicament is more feeble, the first action of the medicament is pure and clear of the disturbance brought on by the secondary action of the medicament. Because Hahnemann said that the primitive action is the true action of medicaments and the secondary action is only the reaction of the organism, that he seeks the primitive as the only curative action. We have previously demonstrated that the supposition is erroneous and the secondary action is an action of medicaments having the same right as the primitive action but passing away.

The second opinion, due also to Hahnemann is the opposite of the first. In the second opinion it has been asserted that the succussions given to each dilution increase the force and energy of medicaments. For this reason in his *Organon*, we have seen Hahnemann reduce the number of succussions to two to be given to each dilution.

1. *Theory of diminution of energy of medicaments by successive dilutions.*

Presented under this form the theory is false; in fact, the successive dilutions do not only confine itself to the diminution of the force of medicaments, they also modify and change their therapeutic action.

This modification of the therapeutic action of medicaments by dilutions, is so much evident that it is not perhaps contested. In the matter of inert substances in the natural state, as silicea, carbon and lycopodium, triturations and dilutions successively modify so much the therapeutic property of the bodies that they become energetic agents of cure in the most difficult pathological cases. Whatever be the homœopathic medicine,

the curative action of 30th dilution has been maintained many times, as of *Carbo*, *Silicea* and *Lycopodium*.

In the matter of active substances in their ordinary state as *Opium*, *Belladonna* and *Nux Vomica*, the successive dilutions not only diminish the energy so often toxic of the substances, but they completely modify their therapeutic properties.

The most frequent modification is the production of two opposite actions between the medicament in nature and the medicament in dilution. Thus *Rhubarb* which produces purgative action when it is administered in substance, constipates when it is given in dilution. *Opium* produces sleep in ponderable dose, but it excites on the contrary the nervous system in dilution. Dr. Claude, in his paper published in *l'Art Medical* has demonstrated that *Iris versicolor* which produces purgative action in ordinary dose, constipates when given in 12th dilution or upwards.

I remind that the opposite effect is only the other application of the law formulated by Hahnemann in 1796; all medicaments have two opposite effects as the medicine is administered in small or in large dose; it has been fortunately said by M. Huchard that all medicaments contain two actions and they are different and opposite in small and large doses. The dilutions not only develop therapeutic properties in inert substances or opposite actions in active substances, they also modify the medicaments of all sorts in dilutions as 6th, 12th or 30th for example, the same dilution not agreeing in all cases and all diseases. It is for this reason the physician is obliged to choose the dilution which agrees the best, and that he has to support for his choice at the same time on morbid species, taking into consideration the medicament and the constitution of the patient. Thus, the clinical experience that I have gained from a long time that in intermittent fever *Sulphate of Quinine* should always be administered in ponderable doses, notwithstanding *Nux Vomica*, *Plumbum*, or some other remedy may be indicated in the treatment of this fever, as they are always prescribed in dilution.

This only example suffices to comprehend our view and we conclude that not only the dilutions diminish the energy of the medicaments but that they communicate new properties which considerably increase their therapeutic value.

How this change is produced? Two factors principally produce the change of therapeutic property of medicaments with regard to the procedure of dilution.

The first of these factors has only the peculiarity that all medicaments produce two opposite effects in consideration that they are employed in a large or in a small dose. This law of pharmacodynamics has not suffered exception. It is even now accepted by all therapists. Therefore it is very simple that the dilution which has always the effect to diminish the dose of the medicament, creates at the two extremities of the posological balance therapeutic agents, of different action.

If we find in the difference of the doses represented by mother tincture and thirtieth dilution a cause of change in the action of medicaments, the second factor which we propose to examine is enough powerful, and to it we specially owe the most part of the different actions given by the successive dilutions of the same medicament.

The factor is the excessive division in the molecule of the medicinal substance. This division is produced by the soluble substances in successive dilutions. It is easy to comprehend that a drop of medicated tincture poured in 99 drops of a liquid and intimately mixed by energetic succussion, to find itself already in a state of considerable division. This division naturally increases in each dilution and we are obliged to come to thirtieth dilution. The drop of medicated tincture which finds itself intimately and exactly mixed with 150 grammes of liquid (30 dilutions at 5 grammes per dilution makes 150 grammes) is obliged to attain an excessive degree of division.

But the effect produced by triturations upon insoluble and consequently inert substances before the preparation is still more extraordinary.

To remind, that for trituration, we mix 5 centigrammes of carbon, silica or any metal with 5 grammes of sugar of milk; the mixture is triturated for quarter of an hour in a porcelain mortar; then 5 centigrammes of this preparation is mixed with 5 grammes of sugar of milk, and thus the second trituration is prepared. In this way we prepare the third.

The division obtained by successive preparations is such that Hahnemann and his pupils have always taught that in the preparation of the 4th trituration, the medicament is divided into a point that it can be allowed as liquid, and that it dissolves in water or alcohol and can thus be prepared to 30th dilution.

This assertion of Hahnemann has generally been met with an incredulity among the ranks of physicians not belonging to our school and I confess that greater study of homœopathy has raised the doubt of the solubility of carbon and metals after 3rd trituration. The clinical results readily obtained from dilutions of substances demonstrated in an unrefutable manner that they were not really soluble, and they behave at least as soluble substances, being present almost in the same quantity in 30th dilution.

The work of M. Robin presented to the Academy of Medicine at the meeting of the 6th December, 1904 has confirmed in an unexpected manner the affirmations of Hermann and his disciples. Either by electrolysis or by colloidal chemical agents, M. Robin obtained the *solutions* containing metals in doses of $\cdot 0,000,009$ to $\cdot 000,002$ (they are of millionth and hundred thousandth) the doses almost infinitesimal produced considerable effect upon healthy man. Here, are, however, the words of M. Robin: "In doses almost infinitesimal, the metals dissolved in water are therefore capable of great activity."

It will be seen that M. Robin accepted that the metals could, after certain preparations, be dissolved in water. It is the same affirmation that Hahnemann had ventured to make more than hundred years ago, only the affirmation is now supported by experimental proofs which is not known to be contested.

Nevertheless, I am informed by competent chemists that on the exact senses it is necessary to give the affirmation of M. Robin; it was for me to answer that the electrolysed metals or metals transformed into colloidal state, are so much divided that they behave as soluble bodies but they are not being so in reality.

2. *Theory of augmentation of energy of medicaments by successive succussions.*

Under the influence of this theory the expressions 'dilution and attenuation' have been replaced in certain schools by the word power, and they say readily 30th, 100th, 1,000th power, etc. As we have said that it is Hahnemann who formulated the second theory. We find this formula in a note of the *Organon*: "In order to preserve a fixed and measured standard for developing power of liquid medicines, multiplied experience and careful observation have led me to adopt two succussions for each phial, in preference to the greater number formerly employed (by which the medicines were too highly potentized).—There are, however, homœopathists who carry about with on their visits to patients the homœopathic medicines in the fluid state, and who yet assert that they do not become highly potentized in the course of time, but they thereby show their want of ability to observe correctly."

I draw the attention of all to the last part of the note because it completes the thought of Hahnemann:

"I dissolved a grain of soda in an ounce of water mixed with alcohol, in a phial, which was thereby filled two-thirds full, and shook this solution continuously for half an hour, and this was in dynamization and energy equal to the thirtieth development of power."

It is not without a sentiment of trust that I am forced to see the necessity of the polemic spread during this advanced period against the weakness of our master Hahnemann. But the interest of scientific truth should do away with all other consideration. It is necessary to put an end to these illusions of our master, illusions which have infected the *illuminism* of

the work of the second part of the life of Hahnemann and given a regrettable authority to a school whose inconspicuous influence is being combated even to this day. Placing therefore all personal consideration aside for the man of genius who has discovered the experimental materia medica and the infinitesimal dose which have always deserved praise, notwithstanding the errors of his old age, he is considered the father of the modern therapeutics, though he arrived at the exception to the theory of succussion which is considered to increase the power of medicaments.

I should at first remark that the note which we have produced affects a language entirely foreign to the habitual form of science. Is the new theory supported by *multiple experience* or *exact observation*? There does not exist a trace of it in the colossal works which suppose to contain this research. Formerly, Hahnemann rejected and condemned with an authority which never suffered in the discussion of homœopaths who affirmed that medicaments presented under the form of liquids do not acquire any power even by succussions given in the preparation. The condemnation was not supported by no positive experience and not contradicted during my career of a physician in a campaign where for seven years I had to go in my horse over 24,000 leagues carrying my bag of homœopathic dilutions which had not undergone any change having "succussions so strong and so prolonged." The condemnation of Hahnemann was weighed by an experimentation which lasted for seven years.

To this theory of the augmentation of medicated energy by succussions two consequences are attached. The first is, that it is very advantageous to push on further than 30th dilution and certainly to find physicians who are not stopped at 1,000th dilution and willing to go beyond it. The second consequence which adorns the second theory of Hahnemann is this: the energy of the medicaments is so much increased by successive dilutions that one globule of high dilution suffices when the medicament is well chosen to cure the disease,

even when it is chronic, and as said by Hahnemann it is dangerous to repeat in the course of treatment of a chronic disease the same medicament. That under this illusion Hahnemann could not dare advise, without jest, to give a single globule of the 30th dilution of *Drosera* to cure whooping cough! Again, he strongly advised physicians to follow his counsel, which according to their testimony has always come as an obstruction. Regarding the precept which is unnecessary and dangerous as to repeat a medicine in the course of a chronic malady, it is a great deal too much to count upon our ingenuousness of thought that the advice is perhaps prized seriously. All clinicians repeat the same medicine sometime during a week or month and not only this practice did not bring unpleasantness to patients but this alone has given certain number of cures. Since 70 years that I have a clinique and since 59 years I am practising homœopathy, I have observed that when a medicament is well chosen, it can be repeated in a week or month, even in 30th dilution in chronic diseases, and often I have observed that a long suspension of the medicine permits to return the symptoms victoriously combating in its favour.

I do not intend to go back to the critical study of the method employed to prepare the ultra-infinitesimal dilutions. I examined this question in a communication which was sent to the Homœopathic Society. At that time I went back to the incredible paragraph which terminates the note of Hahnemann.

The note which we have cited above ends with a paragraph; we have specially recommended it to the notice of all in our lectures and of which I want to speak at present.

In the paragraph, Hahnemann pretended to have dissolved in half an ounce (15 grammes) of water mixed with alcohol, 1 grain of *Natron* (0.05 centigramme of carbonate of soda), and after having succussion of the phial for half an hour, the mixture acquired the property of 30th dilution.

Naturally and as the habit taken in the last part of his life, Hahnemann never cited any experience which could attest

the new property acquired by carbonate of soda after numerous succussions; he was content to affirm, *magister dixit*.

It should be remarked in passing to Jenichen, that he was inspired by the same idea when he said that 4th dilution shaken 2,000 times acquires great energy and becomes 2,000th power! Now the preparations of Jenichen are prepared in the pharmacies; all physicians know well that they represent only 4th dilution.

Had Hahnemann condescended to convince us (he had the power and quality of a great chemist), by analysing his mixture of *Natron* and water mixed with alcohol, he would have found the mixture absolutely presented the same chemical character after multiple succussions given to the phial which was under the operation.

That instead of 5 centigrammes of carbonate of soda, had 5 centigrammes of sulphate of *strychnine* been treated in the same manner and afterwards used as 30th dilution, the accident of poisoning by *strychnine* would shortly have demonstrated that the succussions are practically devoid of the highly medicated property.

Perhaps it may be said at last, Hahnemann thought that the medicaments in subjection to numerous succussions acquire the property of 30th dilution without giving their physical and chemical property. To which I respond that it was absolutely necessary to demonstrate experimentally an assertion which has a touch of absurdity, since it is affirmed that the same medicament could possess at the same time the toxic property of *strychnine* in nature and the curative power of *strychnine* in 30th dilution.

In short, the two theories given by Hahnemann to explain the action of dilutions on medicaments are not true.

In fact, the successive dilutions not only diminish the energy and toxicity of the diluted substances, they create as we have said a new state and property.

The modifications carried to the properties of medicaments by dilutions have two causes. The first is the difference of doses between the medicament in nature and the medica-

ment diluted. The diluted medicaments have always contrary action to the medicaments in nature according to the law of pharmacodynamics. All medicaments produce two opposite effects as they are administered in large or small doses.

The great modification given to the medicaments by trituration and dilution proceeds from extreme division of their molecules which permit the insoluble bodies to behave as soluble bodies. It develops energetic therapeutic properties in the body with regard to inert substances and greatly modify the substances already active in their natural state.

We have been obliged to prove that the illuminism has exercised a regrettable influence on the later works of Hahnemann. This illuminism still exists in certain spirit; it should be combated and destroyed, because it creates darkness in front of the profession of homœopathy which cannot arrive at its complete expansion without sincere and constant culture of the experimental method, the only authority in therapeutics.

—*L'Art Medical*, April.

**Meteorological Observations taken at 8 A.M. at the Indian
Association for the Cultivation of Science, Calcutta.**

For the Month of April, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		CLOUD.	Rainfall.
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.	Proportion.	
1	29.894	E N E	1.9	92.5	74.0	0	Nil.
2	29.890	S	1.8	91.5	72.5	7	"
3	29.854	S E	3.5	92.0	77.0	9	"
4	29.882	S	4.5	92.8	76.8	4	"
5	29.834	S S E	5.7	93.0	75.5	0	"
6	29.801	S S E	6.3	93.5	76.0	9	"
7	29.773	S	6.8	93.5	76.0	8	"
8	29.833	S	5.6	92.0	76.0	5	"
9	29.847	S	5.9	92.8	76.0	7	0.03
10	29.868	W	4.1	94.0	68.0	9	0.40
11	29.841	S	3.0	90.0	68.0	8	Nil.
12	29.866	S	3.3	91.0	76.2	7	"
13	29.856	S	3.0	90.0	72.0	0	0.54
14	29.828	S	3.9	94.1	70.0	7	0.44
15	29.810	S	2.5	87.0	73.5	1	Nil.
16	29.794	S	2.6	90.0	74.4	6	"
17	29.784	S	2.8	91.0	76.0	9	"
18	29.782	W	2.8	90.5	76.0	2	"
19	29.802	N W	2.9	93.0	75.0	1	0.03
20	29.821	S	2.6	95.0	76.5	3	Nil.
21	29.833	S	2.9	95.4	79.0	1	"
22	29.832	W	2.6	99.2	79.5	0	"
23	29.755	W	3.1	98.2	79.6	3	"
24	29.687	N W	3.2	101.0	80.8	4	"
25	29.670	S	2.9	101.5	83.0	1	"
26	29.725	W	2.6	102.2	81.5	4	"
27	29.765	W	2.8	101.8	80.5	9	"
28	29.792	W	3.7	90.1	78.0	7	"
29	29.787	S	2.1	98.5	78.0	10	0.11
30	29.738	E	3.3	88.5	74.2	5	Nil.
Mean	29.808	S S W	3.5	93.8	75.9	5	TOTAL 1.55

Remarks: Beginning with the barometric change gradual fall of pressure is prominently observed. The mean in the month

of February was 29·996. In March it came down to 29·947. In April, the pressure was further reduced to 29·808.

As to the direction of wind from E. S. E. of the last month the prevailing attitude was S. S. W. In other words, the gradual change from north in the cold months to south in the hot months is conspicuously observed. In January the direction was N. W. In February it came to N. E. In March it was E. S. E. and in April S. S. W., showing a rotation from north to east and thence to south.

The mean velocity also showed a gradual increase. In January it was 2·2. In February it increased to 2·8. In March it came to 3·1 and in April 3·5.

The mean difference between maximum and minimum temperatures of the month was also on the increase. In March the difference was 16·8, in April it came to 17·9. The total rainfall was 1·55, an appreciable increase.

As to the mortality of cholera, in the week ending the 30th March it was 57. In the week ending the 6th April, the mortality remained almost stationary to 56. In the week ending the 13th April, it increased to 61. In the next week ending the 20th April, even after the rain of five days, the mortality was 55. In the week ending the 27th April, it suddenly came down to 33. The cause remains unknown.

With regard to the mortality of plague we have observed the gradual increase in the month of March from 42 to 166. In the week ending the 6th April the mortality further increased to 290. In the week ending the 13th April, it rose to 383. In the week ending the 20th April, after the rain of five days during the month, it came down to 324 and in the last week ending the 27th April, having no rain in the week, the mortality again increased to 423.

The mortality from small-pox was on the increase during the month. The highest death in a week in January was 25. In February 50. In March 86 and in April 94.

The mortality of fever was gradually getting less than the three preceding months. From 103, it came down to 53 in a week.

Bowel complaints showed less mortality than the three preceding months. It varied from 57 to 48 in a week.

EDITOR'S NOTES.

Hints.

The following therapeutic hints from the *Homœopathic Envoy*, of March speak for themselves :

"Foul smell or taste, or loss of smell and taste, in catarrh, nasal polypi, calls for *Lemna minor* 1x.

"Nervous dyspepsia," one day food is easily digested, next day causes distress, try *Kali carb.*

If scarlet fever is prevalent a few doses of *Belladonna* will guard against the disease.

If small-pox is prevalent a few doses *Variolinum* will prove far more protective than vaccination.

Where there are sore, bruised feelings, with a tendency towards blackness of the skin, *Solanum nigrum* is the remedy indicated.

Spigelia is a great remedy for neuralgia where the pain is intense.

Sufferers from varicose veins will be benefited by *Sulphur*.

Intense itching over the whole body many find relief in *Acidum sulphuricum*.

Symphytum is a great remedy for bone injuries.

Where your ills disappear on eating, only to reappear shortly, try *Anacardium orient.*

Berberis vulgaris is said to be a good remedy for those subject to boils.

When influenza, i. e., grip, is prevalent, a few doses of *Arsenicum alb.* is the preventive.

Cough from tickling in the throat, *Sanguinaria*.

When all means fail in "heart disease" try *Cratægus oxy.* in five-drop doses of the mother tincture.

The *Aconite* cough is dry, short, severe and hoarse.

Whenever there is cough with involuntary spurring of urine *Causticum* is almost assuredly the remedy.

For chilblain *Agaricus mus.* and *Pulsatilla*, internally, are the best remedies. Externally apply the tincture of *Benzoin*."

New Australian Remedies.

The *North American Journal of Homœopathy* of April supplies the following information :

MACROZAMIA SPIRALIS. The tincture produces boring' pain exactly at vertex of skull ; pain insupportable ; incessant vomiting and retching all night ; body cold ; stupor ; coma. Retching regularly every half or quarter-hour ; impossible to open eyes ; intense giddiness and cold. Strength suddenly disappears ; one is a boneless mass of flesh sinking into the ground. An almost fatal case of poisoning was saved by *veratrum alb.*, hot vinegar to stomach-pit and hot blankets.

The first dilution gives sudden strength in great weakness and debility after illness. In weariness from no assignable cause, when no other drug seems plainly indicated. No pains noticeable.

LOBELIA PURPURASCENS. The tincture causes all symptoms of snake venom which it antidotes, rapidly :—

Nerves—profoundly depressed.

Head—overpowering drowsiness (often sudden), stupefaction, sickly dizziness between eyebrows.

Eyes—strong desire to sleep, to close eyes, lids seem paralyzed and immovable.

Stomach—nausea. profound uneasiness and irresistible desire to vomit ; chronic spasmodic retching.

Lungs—seem paralyzed, no desire to breathe ; spasmodic cough.

Heart—at first slow, then loud and strong, increasing in speed to 200—to a mere flutter.

Temperature—very low ; chill generally without shiver.

Other symptoms—sleepless when stupor is absent ; chronic retching ; sad ; apathetic ; longs to lie down.

Bowels and kidneys and bladder—no symptoms.

No. 1 dilution rapidly cures influenza commencing with drowsiness, nausea, stupor, or any of the above symptoms. Prevents the attack invading lungs and bronchi.

XANTHORRHEA ARBOREA. Tincture of first dilution acts like balm of Gilead on wearied kidneys and bladder. It produces and cures white mortar deposit in urine, abundant ; urine scanty ; severe pains in back, over kidneys ; utterly unable to walk ; has to go to bed ; pains, originating in testicles ; pains in back relieved by application of eucalyptus oil or camphor to testicles. The oil causes skin of the

scrotum to smart. The pains in small of back return from least chill or damp.

Produces, therapeutically, full natural flow where there has been scanty urine, especially in those inclined to gravel, stone, etc., and after chill; disposition to perspire too freely; useful in chronic neuralgia.

After using xanthorrhæa for two or three weeks, a man æt. 58, became permanently cured of above symptoms: Chronic neuralgia alternating with gravel; inflam. bladder (cystitis), agonizing pains in back continually returning at least chill or damp.

DIPODIUM PUNCTATUM. The tincture in over-doses causes patient to lie on back, writhing and twisting incessantly.

Nerves—every nerve on rack, at utmost tension, as after terrible physical and mental overstrain.

Head—giddy, no pain.

Eyes—room at mid-day seems filled with electric light; photophobia; disgust at light.

No. 1 dilution acts instantaneously in 1 to 3 drop doses in complete insomnia; utter exhaustion from over-strain, mental or physical; long for sleep, but brain too wearied; after profound anxiety, night^{1st} watching, etc., also after coffea, opium, gelsemium, cimicifuga, and similar drugs fail.

Does not seem to act on bowels, kidneys, etc."

Cough Indications.

The *North American Journal of Homœopathy* takes from the *American Physician* the following indications:

"Cough caused by an irritation in the stomach, pulsatilla and bryonia, especially with tickling in the stomach.

Phosphorus: irritation in the left hypogastric region followed by cough. Antimonium crud., when cough seems to start from abdomen; phosphorus when from left ovary.

Squilla: loose cough in the morning and dry cough in the evening. The loose cough in the morning is worse than the dry evening cough. With the cough, the urine squirts out.

Arsenicum: when moving about, no cough, but as soon as patient sits down or stands still, he coughs.

Aconitum: cough provoked by going from cold air to warm air; ranunculus bulb., ditto; phosphorus vice versa.

After falling asleep, the patient is awakened by a tickling cough—aconite, lachesis. If aconite does not cure, lachesis will.

Ferum : patient hawks up scabs : there is catarrh with sense of dryness in the posterior nares."

Many other medicines can be added to them. *Bryonia* indicates dry or moist cough when the throat is little affected but mostly it comes from the trachea or lungs. *Baryta Carb* is well applied to coughs where pharynx is affected. *Ipecac.* is for moist coughs where the larynx, trachea or lungs are influenced.

Diarrhoea : Time Aggravations.

The *North American Journal of Homœopathy* of April, has from *Zeitschrift Berliner vereines* the following note :

Chief remedies: aloe, *argentum nitricum*, arnica, *arsenicum*, aurum, bryonia, capsicum, causticum, chamomilla, chelidonium, china, croton tig., dulcamara, ferrum, gambogia, graphites, gratiola, hyoscyamus, iris, kali carb., lachesis, magnesia carb., moschus, natrum carb., nux moschata, opium, *podophyllum*, psorinum, *pulsatilla*, rhus, sulphur, tabacum.

Appearing about midnight—*pulsatilla* ; appearing after midnight—*argentum nit.*, *arsenicum*, china, nux vom. (3 a. m.), sulphur, 2 a. m.—*arsenicum*. 2—3 a. m.—kali carb. 3—4 a. m.—petroleum, *podophyllum*, rhus. 4—6 a. m.—cepa. 5—6 a. m. nuphar.

Nocturnal only, especially towards morning—psorinum (often involuntary, painful, watery, blackish.)

Ameliorated 3—4 a. m.—*strontium carb.* (diarrhoea nocturnal with constant urging ; the patient has hardly risen from stool before he is driven back).

Diarrhoea of children—jalapa, sulphur (nocturnal only)."

We have observed that *Pulsatilla*, *Calcarea Carb.*, *Croton Tig.*, *Podophyllum* and *Veratrum* can be given without consideration of time. *Sulphur* is generally applicable where the morning aggravation exists with hot stool.

Plantago : Nicotinism.

From the *Leipziger Zeitschrift für Homœopathie* the *North American Journal of Homœopathy*, April takes the following :

"Plantago is not a commonly-used drug, but in its pathogeny two symptoms often found in chronic tobacco poisoning are prominent : depression and insomnia, which probably justified Farrington's remarks that the plant causes an aversion to tobacco, citing two clinical cases where this effect was produced. In the writer's practice two chronic smokers came to be freed of the habit. *Lobelia inflata* was prescribed without result; the plantago 6, gtt. ij four times daily. Within a week they dropped from 25-30 cigarettes to 8; after the second week a repugnance to tobacco in any form developed and for the last two months there has been no relapse nor inclination thereto."

Treatment of Corneal Ulcerations.

The following remarks from the *British Homœopathic Review* for May speak for themselves :

"Philip Rice, M.D., Berkeley, Cal., in writing on the treatment of ulcerations of the cornea, advises the use of *atropine* as a mydriatic in all cases, strict cleanliness of the exterior of the lids and their margins, and in cases of severe pain the application of cloth pads wrung out of hot water, and applied for fifteen minutes at a time, three or four times daily. Local antiseptic treatment he pronounces not only useless but at times actually harmful. He considers the most important part of the treatment to be the selection of the appropriate homœopathic remedy, and gives as the chief drugs, with their indications, the following :—

(1) *Hepar-Sulph.*, "the 'king of remedies for ulceration of the cornea." The symptoms are acute; the pains are severe aching, throbbing and stitching; relieved by heat and aggravated by cold, touch, and bright light. Hypopyon is invariably present. Rawness, or a pimply eruption on the lids is characteristic. Blood-vessels run from the conjunctiva into the ulcer. Photophobia and lachrymation are always severe. There is a general strumous condition of the patient. Mentally he is irritable, sensitive, contrary, wants many things but never advice; suggest that he do this or that and he becomes cross and stubborn.

(2) *Silica*.—In chronic ulcers, and in slow, sluggish, acute ulcers; just the reverse of *hepar*. Inflammatory manifestations are seldom severe, and vascularisation of the cornea is scarcely ever present. Painlessness of severe sloughs is often seen. Small round ulcers, not severely painful, with marked tendency to perforate, clearly call for this remedy. Aggravation from cold is as marked as under *hepar* but is less complained of.

(3) *Mercurius sol.*—Always to be thought of in syphilitic patients. A characteristic local symptom is a great amount of infiltration round a comparatively small ulcer; a degree of opacity out of proportion to the size of the ulcer. Pain is usually severe, especially at night. Photophobia and lachrymation worse at night, from artificial light and from the glare of an open fire. The lids are swollen, crusty, and scabby; the discharge, whether thin or creamy, is always acrid; pains are worse from extreme heat and cold. *Hepar* and *silica* are both greatly relieved by extreme heat.

Mercurius cor.—Especially indicated when the symptoms of iritis are marked. The pains are agonising, especially at night; they drive the patient out of bed. Lachrymation very acrid; burns like fire; aggravation from heat both local and general; relief from cold.

Arsenicum.—The underlying condition is generally one of anæmia; there are weakness and emaciation; mentally irritable and anxious, unable to remain in bed owing to mental distress. Aggravation from cold, both local and general, and relief from heat.

Asafoetida.—Especially valuable in syphilitic patients. The most striking symptom is aching, boring, gnawing pains deep in the orbit, as if in the bones; worse at night.

Conium.—Corneal ulcers of phlyctenular origin that objectively are very slight, but subjectively intensely painful. Intense photophobia and lachrymation.

Rhus toxicodendron.—Superficial ulcerations with excessive photophobia and lachrymation; profuse gush of tears on opening the eyes; erysipelatous swelling of the lids; general aggravation in the "morning."

Argentum Metallicum has been left out of the list. The medicine has given ample success in our practice.

Colic in Infants.

The *Homœopathic Envoy* for May assists us with the following hints :

"*Ælhusa cynapium*.—Throws up its milk soon after nursing, with great force, suddenly ; then falls asleep as if from exhaustion ; awakens hungry.

Belladonna.—Child cries out suddenly and after awhile ceases as suddenly as it began.

Borax.—Can not bear a downward motion, even if asleep.

Calcarea carb.—Child is leuco-phlegmatic. Profuse perspiration about forehead and neck, and wets pillow when asleep ; white chalk-like stools ; much crying.

Chamomilla.—Irritable, fretful. Relief from motion, but begins crying as soon as motion ceases. Stools offensive, green or white and yellow mucus.

China.—Colic comes on at a certain hour every afternoon.

Colocynth.—Child writhes doubles up, great pain ; relieved by pressure on abdomen ; ends with emission of much flatus.

Ipecacuanha.—Much nausea, clean tongue, fermented stools.

Jalapa.—Child is "good all day," but screams and is restless at night.

Lycopodium.—Always cries before passing water ; is relieved immediately afterward ; red sand or brick dust deposit on diaper ; much rumbling or rattling in abdomen.

Magnesia carb.—Colic ; relieved by a green liquid stool.

Mercurius.—Colic ; relieved by a slimy, bloody stool with straining.

Nux vomica.—Colic, with constipation ; frequent straining, with no result or a small, hard stool. Also diarrhœa, stool small, with crying from pain before stool ; much straining, with small stool and entire relief for a short time.

Pulsatilla.—Colic gets worse or comes on toward evening and lasts until after midnight. No two stools alike in color.

Rheum.—Much colic, with very sour-smelling stools.

Stannum.—Colic relieved by pressing firmly on abdomen.

Veratrum album.—Colic, with coldness of forehead and feet ; cold sweat on forehead. Give baby a teaspoonful or two of water several times a day.

Once a day, three or four ounces of warm water from nursing-bottle, with a little sugar of milk to flavor it, is helpful."

To make these hints useful, it would be advisable to refer to the character of stools with other peculiar symptoms. As Borax would be serviceable if there be stomatitis. Calcareo carb. in sour smelling stools; Chamomilla in stools of all colour, more so when they are green. China is applicable to whitish or blackish evacuations; Colocynth may serve in any kind of them. Ipecac. wants mucus, either mucus with blood, or very green stools with mucus. In Jalapa stools are sour smelling. Lycopodium suits best with yellow stools. Magnesia has also sour smelling evacuations. Mercurius cor. for bloody slimy and Mercurius sol. for more greenish than bloody mucous stools. Pulsatilla for yellowish or greenish stools, Rheum is sour smelling, Sulphur for hot stools, Stannum green and Veratrum for any colour.

Therapeutic Suggestions.

The following suggestions from the *Homœopathic Envoy* for May, speak for themselves:

"For cerebro-spinal meningitis the chief remedies are *Cicuta virosa*, *Crotalus hor.* and *Actæe racemosa*. For the paralysis that sometimes follows, *Gelsemium*, and for the deafness, *Silicea* and *Sulphur*.

The *Arsenicum* patient is anxious, prostrated yet very restless.

A subscriber asks the question: What is the remedy for abnormal yawning? We do not know of any unless it might be *Ignatia*.

Dr. Blessing writes us: "Apropos of *Nux vomica* in rupture. I have used it with beneficial results and cured one case with it."

It is asserted that *Natrum mur.* is a good remedy for night-mare.

Grape-juice is an excellent beverage for diseases of the liver. Use it freely.

Dr. Thomas Simpson, in *Homœopathic World*, says that *Phosphorus* 6 is the remedy for the worst cases of nose-bleed, or from extracted teeth.

Where bones fail to knit in cases of fracture, *Calcareo phos.* 6x will prove useful.

When there is a feeling of a splinter in the throat, *Nitric acid* 6 is the remedy; when throat feels raw, as if scraped, *Nux vomica* 6."

The advancing wave of Education.

The *Lancet*, for May 25, writes :

"The increasing interest shown by all classes of society in regard to education will have far-reaching consequences in our social history. The need for a wider knowledge of educational matters is showing itself in many ways, some of which we indicated in a recent leading article dealing with school hygiene, and the intimate connexion of the health of the people with their instruction was further illustrated at the Imperial Conference. Important meetings were held while the Imperial Conference was in session at the City Guildhall and at the Examination Hall of the Conjoint Board of the Royal Colleges, the object of the first being to consider education in relation to the Empire, and of the second to deal with the teaching of hygiene and temperance in the universities and schools of the Empire. Some echo of these proceedings must reach every part of the globe. At the Guildhall meeting Lord Milner emphasised the necessity for our youth to realise the greatness of their privilege in being potential citizens of every community over which the British flag flies, so that in going to, or in coming from any of the colonies they were not going to or coming from a strange land but merely passing "from home to home." How far Lord Milner's ideal will become an actual fact depends largely upon the developments of medicine in the near future. The word "home" means something more than a place where the individual can live and work : it must for one thing mean a country where health is not at a premium. Unfortunately, there are still many places in our Empire where only the most robust can hope to withstand the unfriendliness of the climate. Medical science has already done much to render inhabitable parts of the world where the white man could not possibly find a home in the real sense of the word, but much more requires to be done in this direction and will be done if medicine receives adequate public support. At the meeting held in the Examination Hall, on the motion of Sir Lauder Brunton, a resolution was adopted to the effect that it was essential that a medical department should be instituted in the Board of Education, and no course could be better devised for bringing home to the mass of the people the debt owned by all to scientific medical service. How this is to be accomplished remains to be settled, but the association of medical science with the machinery of teaching must work for good. When the Second International

Congress of School Hygiene has finished its labours in August last, it is to be hoped that the experience of educational authorities garnered from every part of the civilised world will point to the importance of associating medical science with the details of education. A practical outcome may be the result, for the country is expecting some movement along the right lines."

In India, when we want better education we get a big programme with inferior men to teach us. The cost is increased doubly or trebly without any commensurate advantage and beyond the means of most men of the middle class. Almost every high officer in charge of education is a faddist. Each one wants to fix his own stamp without examining the advantage or properly speaking the disadvantage to the public. Medical education is rigorously enforced in name only. Clinical teachers are wanting who can impart sound instructions to the students. Favouritism carries the day in the selection of the professors of the Calcutta Medical College. A big ostentatious surgeon, professor of the college, had almost nothing to write except two articles in the *Lancet* describing the dissection rooms of Lahore and Calcutta.

CLINICAL RECORD.

Foreign.

TWO NATRUM MURIATICUM CASES.

By T. G. STONHAM, M.D.

CASE I.—The following two cases may prove interesting both for what they suggest.

Mrs. L.S., aged about 50, past climacteric, had been feeling very unwell for several weeks past. She complained of a constant feeling of coldness, especially down the back of the head and spine, it felt, she said, as if jugs of cold water were being poured down her back, and no amount of clothing made any difference. She had a sallow appearance, and the skin was dry and shrivelled. She had become much thinner, and had but little appetite. There was much thirst, which was incessant all day; she said "she felt she could drink gallons." Obstinate constipation, pains in the legs and arms, weariness and tenderness; also pain in the small of the back was very troublesome, especially on walking about; it was relieved by lying down. Fluid coryza from the nose and eyes, and a dry tickling in the throat with paroxysms of cough. She was very depressed, shed tears freely, but disliked to be sympathised with; she wept most while alone. There was an irritating papular rash, the principal seat of which was at the back of the neck, and mostly at the margin of the hair in the nape, but there was also some on the face, hands and fingers.

These symptoms gave such a perfect picture of *natrum muriaticum*, that as soon as I had elicited them from her I said to her, "You have taken a great deal of salt lately, have you not?" She replied that she had always been very fond of salt and habitually took a great deal with her meat she also liked her soup strongly flavoured with salt, and took much with vegetables, was fond of salt fish, of salt butter, and had recently taken a great many onions baked with salt. It was evident that she was suffering from salt poisoning. I told her she must moderate her use of salt, but need not give it up entirely, and prescribed *natrum muriaticum* 30 pil ii., night and morning, and an ointment consisting of *natrum muriaticum* 6x and *spermaceti*, to be applied to the rash at the back of the neck during nights.

I saw her again a week later, when she told me that the ointment had been so irritating that she had left it off after three days, but that since then the rash had been much better. She also felt better in herself, especially with regard to the pain in the back, and was less low spirited. The rash looked fainter in colour and the papules were less numerous. The *natrum muriaticum* was continued night and morning.

She returned in another week with the rash nearly gone and no longer troubling her. She was in good spirits, much more vigorous,

much less constipated, and the coryza from the eyes and nose had gone with the cough. There were no pains in the arms or legs and the backache had ceased. Repeat. After another week she was quite well and putting on flesh, the bowels were regular, the rash quite gone, in fact, none of her symptoms were left. She had continued to take a moderate amount of salt with her food.

CASE, 2.—Another case showing the influence of salt on the system is the following.

Mrs. C., aged 60, came on May 23rd, 1906, complaining of trigeminal neuralgia of the right side, which had lasted ten days and was getting worse. All branches of the right trigeminal were affected. The attacks came on daily about 9-30 a.m., and gradually attained great severity in a climax lasting from 11 a.m. to 2 p.m., after which amelioration occurred and all pain was gone by 4 p.m. In the attacks the eyes watered and the face became a bright scarlet colour. The pain was tearing, and was aggravated by movement and by stooping. The right eye streamed with water, and the head throbbed with the pain. There was nausea, a crack in the right corner of the mouth, and from time to time she had ulcers on the tongue. There were also cold sensations in the sacrum and thighs. She felt depressed and irritable, and inclined to weep. For some time past she had been working long hours and had stood much, and on account of a prolapse of the uterus had worn a pessary.

The symptoms suggested *natrum muriaticum*, especially the forenoon aggravation and the profuse lachrymation, as also did the mental condition and the state of the mouth and tongue.

She was accordingly given *natrum muriaticum* 30 pil. ii., t.d.s. On June 13th (three weeks later) she came again, and said that the second day after beginning the medicine the neuralgia lessened, and by the end of the week it had quite gone. There had been no return. I then elicited from her an interesting piece of information. She had been wearing a ring pessary for over twelve months to counteract a prolapse of the uterus, and I had ordered her to use a cleansing douche daily of warm water with common salt dissolved in it, in the proportion of a teaspoonful to the pint. On questioning her about this, I found that she had made the solution six or eight times stronger of salt than I had ordered.

It appeared to me that her symptoms had been caused by absorption of salt from the vagina, and that this second case, like the first one, was an involuntary proving of *natrum muriaticum*. Cases like this raise a question of great interest with regard to the effect of potentisation on drugs. In both these cases symptoms produced by the crude drug were antidoted by the thirtieth dilution of the same. It may be objected to this in the first case, that the patient having been ordered to moderate her use of salt, the system rapidly got rid of the excess which was causing the symptoms, and health was restored without any influence being exerted by the potency.

This is quite a valid argument, though from the rapidity with which the long-continued and deep-seated constitutional symptoms

were recovered from, I think the medicine had much to do with the result.

But whatever may be thought of Case 1, this objection does not hold in Case 2. There the excess of salt in the douches was not discovered till the neuralgia had been cured, and was going on all the time the patient was taking the potency, which acted with remarkable rapidity as antidote.

Natrum muriaticum is not the only drug whose crude effects are antidoted by its potencies. The same has been shown to be true of several others. Tobacco, for instance, to name only one; and possibly it may be the case that it occurs with all drugs. When this occurs, something must have happened to the crude drug in the process of potentisation to alter in some manner its constitution. It is not quite the same substance as it was before, and though it is sufficiently like it to select the same tissues, it must act on them in a slightly different way. It must have changed from an "idem" to a "simillimum." That it is possible for substances to undergo changes of this kind, we know from the instance afforded by radium, which undergoes such a variety of transformations into matter unseen and imponderable but potent. And just as the radium transformations have to be studied by their effects on the conductivity of gases, and their action on the photographic plate, not by any grosser means, so the alteration in a drug produced by potentising requires for its demonstration the equally fine method of the physiological and therapeutic reaction of living cells.—*The British Homœopathic Review*, March 1907.

SOME SEPIA CASES.

1. Single woman, 36. Prolapsus, for which she had had two operations and local treatments for ten weeks, from which she obtained no relief. The usual *Sepia* type with an exceedingly profuse white leucorrhœa, and intensely irritable mentally. She could not cook because the smell of the cooking aggravated her so. She was very much constipated, and also experienced a sense of goneness or weakness in hypogastrium. *Sepia* 30 cured her absolutely as far as any symptoms are concerned.

2. Single woman, 38. Tumor in right pelvic region; ovarian tumor. Pain aggravated at menstruation. Leucorrhœa offensive, and profuse sweating of the feet. Patient was losing flesh. Surgeon advised operation after two consultations. *Sepia* 15th and 30th were administered, reducing the size of tumor and relieving the pain. The 30th finally cured her condition. The doctor saw her five years later, absolutely no return of former symptoms.

3. Illustrates beautifully a condition expressed in a few words: "Dry cough in women with much leucorrhœa and anemia." Mrs. E. J. M., December, 1903, age 33. Three children. Since birth of last child, April, 1902, has had *hacking cough*. Tall, inclined to stoop, hair dark, depressed and anxious over state of health, with

tendency to weep. Had lost weight, appetite and strength. Beating and pulsating headache. Cough hacking, worse in daytime, no trouble at night. Face rough, red, acne-like eruption. Thick, white leucorrhœa. Goes a week without a bowel movement or desire. *Sepia* 12th, finally 30th, with complete relief of all symptoms, and gain of twelve pounds.

4. A young student, 16. Amenorrhœa, head-aches and general malaise. Slender build, dark hair, heavy rings under eyes. *Sepia* 30th cured her completely.—A. R. Garner, M. D., Norristown, Pa., in *Penna. Træns.*—*Homœopathic Envoy*, March, 1907.

PHOSPHORUS.

An interesting case of Dr. Strohmeier is reported in the *Homœopathisch Maandblad* (Holland). E. W., æt. 47, smith by trade, suffering for two years from an unusual form of tabes dorsalis. Married, and the father of three healthy children, he had previously been in perfect health. The onset began with violent, rheumatoid pains, clearly of the shooting tabetic nature, which, however, did not alarm the patient overly as there were no other disturbances. Later there appeared an increasing sensation of dizziness, a less comfortable walk, and sensory changes in skin areas, which drove him to a surgeon. For several weeks powerful drugs and electricity were prescribed without effect, and the patient began to Doctor himself, drank great quantities of decoctions of so-called "blood-purifying" plants, applied hydro-therapeutic measures, etc. At last, all else failing, he went to the homœopath. In addition to the previously mentioned phenomena, there had developed a continuous buzzing (*suizen*) in the head, aggravating the vertigo already present, and the patient complained of burning here and there in the back. Motor disturbances were not yet perceptible, but the patient felt so uncertain in the dark that he constantly used a cane. With closed eyes, he could scarcely maintain equilibrium, but the knee, achilles, and all other reflexes were rather heightened than diminished. On the legs sensibility was lessened; elsewhere normal. The pupils were greatly contracted, of unequal size, and reacted very little to direct illumination.

On examination and questioning it was noted that the patient's speech was exceedingly hasty; he often interrupted, and in all his movements betrayed an extreme and anxious unrest. Going further into his history it was found that for several years every trifle would so excite him that he would fall into a rage, the entire household being dominated by these outbursts. His sleep had long been disturbed by horrible dreams; in falling asleep he would be awakened by a shock through the whole body; and he was often tormented by nightmares, waking up trembling and covered with sweat.

Can a better phosphorus syndrome be imagined? Phosphorus was prescribed, and the author may affirm that, had he heretofore known nothing of homœopathy, or had been in the habit of prescrib-

ing low potencies only, this case would have made him a homœopath and a high-potency partisan.

But what happened? It appears that the patient reacted to a certain potency of the drug only, and, to that potency in a manner not before remarked by the prescriber. The action of that potency was always indisputable. The potency was changed or *sac lac* given, but each time the patient bluntly said. "Doctor, that is not my old remedy." During the treatment phosphorus in low potency, injured more than it helped; phosphorus 200 might just as well have been *aqua destillata*, but, every time that he got phosphorus 60, he returned contented, saying, "That was the right remedy. I knew it."

That the remedy was helpful his generally improved condition demonstrates—corroborated by a surgeon who had examined him at the beginning of treatment, and later. The subjective phenomena, the head buzzing, the burning sensations have disappeared, uncertainty in locomotion markedly lessened; there is an occasional sticking or pricking pain, but the patient is content and desires only a continuance of his present health.—*The North American Journal of Homœopathy*, April, 1907..

GENERAL PARALYSIS.

W. D., aged 47, a window cleaner, always a very sober man and has never had syphilis.

About eight years ago fell from the top of a folding ladder (7 to 8 feet), with his chest across a bed, not much hurt at the time, and went on with his work. About a year later had scarlet fever, soon after which his present illness began with at first backache, then gradually he got weak and thin all over, for which, in February, 1901, he was an out-patient at the London Homœopathic Hospital, under Dr. Goldsbrough, and subsequently an in-patient under Dr. Blackley. This diagnosis then made was the early stage of general paralysis. The medicine he had chiefly was phosphorus. After about three weeks he went out much improved, and for a time seems to have resumed his work as a window cleaner.

The symptoms of general muscular and mental weakness soon began to return, however, and for the last three or four years he has done nothing, and has practically been dependent on public and private charity for his support.

On December 8, 1906, he came into the Phillips' Memorial Hospital, Bromley, his condition then being: His mind seemed always in a state of confusion. He seemed dazed if asked a question, and answered after a long time with great hesitation and some trembling. He says his head feels misty, but he has not much backache. Back and legs are weak, and he can hardly walk or stand more than a few moments, and then staggers. His gait is markedly ataxic, and he cannot hold up at all with his eyes shut; pupils sluggish. The knee-jerks are exaggerated, and all reflexes are obtainable, though not very well marked. Backache not severe. No

paralysis of anus or bladder. Appetite is very poor. He is not sick, but constipated. Sleeps very poorly as a rule.

He was put on ign. 1x gtt. v., t.d.s., and bell. 1x at night, and he is now very decidedly better. He stands and walks much more strongly and steadily. Appetite is good, and, as a rule, he now has very good nights. He has never had any fits or convulsions, nor any mental delusions of the usual character; has no fibrillary twitchings in the cheek and tongue; and, as you see, is little if any worse than he was five to six years ago; so that it seems as if his disease has been arrested for a very much longer time than is at all usual.—*The Journal of the British Homœopathic Society*, April, 1907.

A CASE OF OSTEOSARCOMA.

D. L., aged 56, engineer. Patient states that in June, 1905, he had stoppage of the bowels, with faecal vomiting, said by doctor to be due to be liver disease. He has lost 28 lbs. weight in the last six months, and has suffered from acute pain in the ilio-lumbar region for some months, both day and night.

When seen, October 23, 1906, patient was pale and thin, and felt worn out for want of sleep and from constant pains. Bowels acted daily whilst living on milk. Urine free and yellow. Present weight 10 st.

On examination a large hard tumour was found in the right iliac region, firmly attached to the ileum. The mass was rounded, smooth and tender on moderate pressure. The distance from iliac spine to the umbilicus was $6\frac{1}{2}$ inches, and the tumour occupied $3\frac{1}{2}$ inches. Rectally the tumour could be felt as a round mass attached to the ileum.

Symphytum ϕ miii., t.d.s., was ordered, and a compress of crushed comfrey root to be applied every night. The relief to the pain was immediate, the second night patient slept the whole night, and he has since been able to continue his work as an engineer.

The improvement has continued up to date, January 1, 1907, and the tumour appears by careful measurement to have decreased in size. Patient himself says he is sure there is less fulness. The patient's weight has slightly increased, whereas previously there was a continuous decrease, being, October 23, 10 st.; November 20, 10 st. 4 lbs.; December 4, 10 st. 2 lbs.

The internal medicine has been *symphytum* ϕ miii., October 23 to December 4; *hecla* lava 6, December 4 to January 1. The comfrey poultice was continued the whole time.—*The Journal of the British Homœopathic Society*, April, 1907.

CHRONIC RHEUMATISM : A CASE.

A patient who had been under treatment for several months presented the following syndrome : sensation of ice in the occipital region and oppression in the head ; disturbances of digestion with sunken abdomen ; stools green, hot, and fetid flatus ; pain and difficulty in moving about. *Calcarea phos.* 6 was prescribed with complete cure. The pains in the limbs, the swelling of the joints disappeared, with the recovery of perfect motility. Dr. Comet. *Revista de Med. Pura* (Barcelona).—*The North American Journal of Homœopathy*, April, 1907.

RECURRING ATTACKS OF ACUTE LOCALISED ORDEMA.

BY DR. W. F. H. NEWBURY.

J. C., aged 55, plumber, working in His Majesty's Dockyard, first attended Out-patients' Department on January 15th, this year. Has been a moderate drinker, chiefly of beer, and until three months ago was a chewer of tobacco. Complaining of pain in epigastrium, sinking—a good deal of flatulence, with occasional giddiness. Tongue coated. Has suffered from these symptoms for years. Has tried various remedies, and seen different doctors without obtaining relief.

Under a course of *nux ix mii., t.d., a.c.*, he began at once to improve.

On February 5th had not been so free from pain for years, but complained of a good deal of palpitation coming on between seven and eight o'clock in the evening, and lasting till between three and four o'clock in the morning. To stop cocoa for supper. Continue *nux ix.*

February 12th.—Manifest improvement, general depression, of which patient had greatly complained, much relieved, and tongue cleaner ; sleeping better.

February 19th.—Patient recovering from nasty cold and cough. *Caustic 3x, 3h.*

Patient did not come up again until March 12th. Pain had been bad, but the cold was much better. On 5th and 8th had had attacks of "urging."

Right side of face swollen. On being asked if teeth were all right, patient explained that he is subject to sudden swelling in various parts. The present attack came on, as usual, quite suddenly. Began soon after 2 a.m. By 5 a.m. face was quite unrecognisable, after which swelling began to go down. Has been to various doctors, "who do not give him any information." The application of "hot water seems to bring it up," after which the swelling goes down in about the same time as it takes to get to a climax. When at its height the swelling is "as hard as a piece of iron." Repeat *nux ix.*

March 19th.—Patient's face looks normal. He now gave the following account of these attacks: First one occurred about nine or ten years ago. He left home one morning in July, feeling perfectly well. By the time he had got to Devonport (two miles) he felt a swelling over left eye. By the time he "got to shop" (quarter mile further) the swelling was as large as an egg. By 10 A.M. the swelling had so increased that left eye was quite closed. Saw the "Yard Doctor," who told him it was the effect of drink. When in reply to this he said he had not taken any intoxicants for three months, he was told his heart was weak, and that he would not live another three months. He saw his own doctor, who reassured him. Since then he has had several similar attacks in different parts—face, arms, forearms, hands—back and front—penis, testicles, but never in lower limbs, and never anywhere about body except "privates." If left alone the swelling may take eight to nine hours to get fully developed, and the same time to go down. If the part is bathed in very hot water, the swelling gets to a head and subsides in about half the time. The patient has obtained the following medical opinions: "Stomach," "Stomach," "Metallic poisoning," "Would not say," "An excess of water in the blood." Repeat *nux*.

March 26th.—Patient has had a slight attack of the swelling to-day—this time on chin and left side of face. Not much." Began about 6 a.m., just as he was leaving for work; at its height about 8 a.m., and a lot gone down by 9 a.m. No application of hot water. Present condition, 6-30 p.m., presents sensation to touch as though abscess were forming in left cheek.

Family History.—Father died, aged 63, of "cancer of stomach"; mother, aged 72, "of stomach and liver, not cancer." Has had one brother and five sisters, of whom only the brother and sister are living. Never heard of any other members of the family having the same kind of swellings. Two sisters died of cancer—one of breast, after five operations; the other, a hard drinker, of cancer of liver. The other two sisters were both abstainers; both died of "apoplexy," one, the oldest, aged 27, and the other, the youngest, aged 21. Never heard of any nervous or brain trouble in the family. Father's father died at 93, and mother's father at 79. Does not know anything about his grandmothers.

As to the dyspeptic symptoms, patient says that as long as he continues the medicine he is free from pain and can enjoy his food, but when he leaves it off he "gets back into the old way again." Repeat *nux*.

April 2nd.—Patient has had attack of the swelling again to-day—"almost swollen blind at two o'clock." Now, 6-30 p.m., has only some slight œdema of upper eyelid. *Apis* 3x. *mii.*, 4h.

This case is reported while still under treatment and observation, in the hope that it may draw out some comments, suggestions, or criticisms.—The *British Homœopathic Review*, May, 1907.

Gleanings from Contemporary Literature.

COLLAPSES AND REACTIONS.

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The ever increasing biological and bacteriological researches with their long lists of bacteria toxins, anticorps, aggresins, phagocytes, enzymes, etc., seem to have shaken up and transformed old school therapeutics to such a degree, that an universal clamor is constantly heard among its followers imperatively demanding reform in the teaching of medicine, showing the unsteady and vacillating state of their once cherished theories and hobbies. •

Prophylaxis and reform are the daily outcries of our leading opponents, and while the uneducated branch of their school is running riot with polypharmacy and daily applying the very means their teachers have openly rejected and condemned, another group is employed or hired out by pharmaceutical chemists to introduce and indorse, as a rule, the most extravagant and dangerous combinations of drugs; all presented as the synthesis of assiduous labor and talent, and claiming results not sanctioned by experience, and which, if true, would relegate most of us to an ignominious grave and place therapeutics within the reach of the ignorant.

Fortunately, the evolution and phenomena of disease are well-known, and while we can cultivate hygiene and prophylaxis with the same privilege and advantage as our detractors, with the single remedy and the small dose of the similar, we need not enter into the dark and intricate labyrinth where our friends are lost and where so far, judging by the result, little or nothing has been found of permanent and positive value.

No matter what the underlying causes of disease may be, collapse and reaction will remain always the expression of antagonistic nervous states, governing the road between recovery and death. Besides the well-known cardiac stimulants, enemata and intravenous infusions of normal salt solutions, homœopathy counts with the indicated remedy, which according to our law of cure, not once, but thousands of times, has aroused the reactionary forces of the system and re-established the necessary vital equilibrium for a successful issue.

In pathology we understand for reaction an act of resistance against any force whatever, hostile to the reparation and recovery of diseased organs and tissues. It is an organic manifestation, which once developed by any cause whatever, tends to reject the morbid agent which has caused it. In other words, it is a sort of vital power or excitement, which leads to the rousing of the depressed organism and aids it to free itself from invading microbes, to neutralize or destroy the pathological effects of the malady and to cooperate efficaciously with the indicated remedy. It is certainly dependent on the organic instinctive forces of the economy. • • •

Formerly this power of organic resistance or excitement was attributed to the *vis medicatrix naturee*, but at the present time, after the discoveries of Metchnikoff, Behring and others, phagocytosis and other defences of the organism have come to engage our attention, at least, with respect to the resistance of the economy against infections and auto-infections.

These researches may all have great value, but, so far, we can independently assert that neither of them can alter or have altered in the least our faith in the law of similars; neither have they come to break

up our therapeutic precepts. On the contrary, the results of repeated biological and chemical experiments reach us every day confirming more and more the power and efficacy of our small doses. With strict individualization and the accurate selection of the remedy, I repeat, we continue to obtain, in all corners of the world, the brilliant results of always and neither the slander of hostile elements, nor the presumptions of assumed authority, or the sophistical and scholastic pedantry and slyness of university faculties, have been, or are potent enough to disturb, much less to check the unyielding course and progression of our school.

Our detractors boast daily of wonderful things that have only an ephemeral existence and which we see soon replaced by others of equal future and importance. They claim that we have done nothing for science, that we have not contributed in any way to the progress of medicine, that we remain passive spectators in the arena of medical knowledge, and all this while we enjoy the respect and patronage of the intelligent classes, who know well what they can expect of us, who get well and remain well, who pay their bills with gratitude, who reach old age and die exactly like other mortals, but who, above all, never become pharmacomaniacs. Do not typhoid fever, pneumonia, tuberculosis, and other infectious diseases keep on claiming their victims in increasing number every year? Where is the therapeutic progress of the old school? Why is the therapeutic arena so successfully and persistently invaded by surgery? The death rate is the stigmata of old school. Have we not contributed a system of therapeutics which admits of no change, and to which suffering humanity hangs on with persistence and devotion; which will be in existence long after many of the present men and their fads and claims are gone and forgotten, which has outlived the defamation of bygone bigots, and which, if nothing else, has been directly influential in correcting the shameful medical abuses of even fifty years ago, such as blistering, cupping, bleeding and the application of blood-sucking worms? And, finally compare Hahnemann with his contemporaries, and see what have they to offer in therapeutics as immutable, as efficacious and as safe as the treatment of diseases by the single remedy and the minimum dose. What has become of the thousand theories and absurd propositions of the past? Who would accept today the dictates of the conceited teachers of therapeutics of the early and middle part of the last century? *

Let us, however, digress from the offensive discussion and turn over to certain considerations of immediate relation with the subject of this paper.

In favorable cases of disease the reaction may be complete and terminate without being disturbed; or is incomplete and doubtful, when we observe the development of a multitude of intermediate phenomena between the attack and the cure; phenomena which always take a vacillating and dangerous course. Less frequently we notice states of excessive reactions, as in cholera Asiatica, which are of short duration, accompanied by intense fever, and usually terminate in a rapid cure; or may pass at once into a profound prostration of the nervous system; the cerebral cortex, with all its functions of perception, of motion, and of sensation, being lowered and blunted, sometimes nearly to abolition.

The reunion of systemic efforts to recover dynamic vitality, destroyed or lost under the influence of infectious and denutritive processes, cannot always be operative. Strength, energy and life, in each and every organ of the economy, are subjected to various causes of intrinsic and extrinsic origin, in which age, sex, previous state of health, idiosyncrasy, diet, fatigue, exposure and excesses of all kinds have a notable influence. To rouse the organism from this functional torpor, called collapse, we

need apart from the intervention of the nervous system, a reactionary agent, to work up, incite and aid reaction. This agent is the indicated remedy. But, to appreciate the relative value or quality of this medicinal agent, understand its operation, and know how to select it properly, it is necessary to bear in mind that while the human body is a collection of organs and parts each organ and part has a special function to perform, in other words, they contribute in attaining healthy action and vital equilibrium, but, individually, no organ or part possesses by itself the power to create life, motion or activity.

The heart, the liver, the kidneys, the spleen, the stomach, the intestines, are all capable of utilizing transmitted force, but the nervous system only can elaborate vital force to be transmitted to these organs. Without this intimate dependence, these organs could not perform their especial functions, maintain physiological harmony, nor recover their normal integrity, when this has been compromised by disease. The nervous system confers vigor and harmony to all the organs of the body, guides and stimulates them during disease, and presides over all their functions; hence, all our therapeutic efforts should be directed to this centre of life, if we wish to recuperate the lost functional equilibrium, work up reaction and obtain complete recovery.

"Life is a mixture of reaction and collapse, the first being the opposite pole to the second. Collapse is the sudden and complete prostration of the vital forces, or the depression of the cerebral energy; differing from adynamia by the promptness with which it supervenes. Health may be appreciated by varying balance of both poles. In disease the body is sometimes successively under the influence of collapse and reaction, as per example, in cholera. 'Collapse and reaction are the expression of antagonistic nervous states, in the former there is no energy, in the latter there is a luxurious waste of energy in every direction; collapse is an example of inhibition or sheer exhaustion.' When reaction takes place, the bits, which retained the molecular operation of the nerves, give way under the recuperative impulse, and, as a consequence, the vital functions outrun their energy and recover the normal state.

"When we examine carefully a state of collapse, we find the bulk of the blood in the portal system and nervous system; the skin is empty of blood, pale, cold clammy; this is very evident in the pinched, drawn face. The temperature is generally below the normal; the pulse is small, feeble, varies in rate and the respiration is shallow, slow, frequently sighing. The pulse, respiration and the occurrence of hicough, nausea, vomiting, clearly show the disturbance of the vagus. The vasomotor centres are paralyzed, as seen in the empty arteries and skin. The extreme prostration explains the exhaustion of the motor centres. The dimness of sight and the noises in the ears show that the visual and auditory centres are deranged. The cerebral cortex or chief seat of the mind may be intact or may be disturbed as evinced by the partial or complete loss of consciousness."

Syncope is a slight collapse, often attended with loss of consciousness, due to actual failure of the heart, to which the collapse signs must be attributed. The symptoms of reaction are hot, red skin; full, bounding, frequent pulse, and round portly face; the breathing is deep and frequent, the very opposite of collapse. The blood tension is high and the veins are well-emptied, containing as little blood as possible.

Under the influence of our remedies, we see frequently reaction take place, especially in acute diseases and in constitutions not broken down by previous illness, or by excesses of every kind. Even in organisms in which anemia and catabolic changes have left deep impressions; when the cells seem to have lost the power to convert nutritive material into

protoplasm, even in those cases, I repeat, reaction occurs, and it occurs, sometimes, when the state of the patient would lead one to expect a fatal end. It supervenes, occasionally, as a prelude of approaching death, so tenacious is the energy of the vital forces.

In a practice of over thirty years, I have observed similar results in all classes of toxemias and infectious fevers, in perforation of the viscera, active hemorrhages, and other serious organic lesions as well as in violent mental emotions, shock and painful traumatism.

The principal object of the treatment is to restore the function of the heart and its vessels, particularly so in cases of serious traumatism, complicated or not by fracture and extensive lacerations. In such cases, success often depends on the promptitude with which we act. The first important measures are: dorsal decubitus, the external application of heat, the arrest of hemorrhages and the administration of cardiac stimulants (ammonia, cognac, coffee, hot milk, etc.)

In septic or infectious fevers as in other ailments or reduced vitality, frequently the result of reflex inhibition, in which all the nervous functions are affected, we have to depend, almost exclusively on our remedies, though in some well-known cases, the enemata of warm normal saline solution, hypodermoclysis, and intravenous saline transfusions, are efficacious means. In many cases of shock or severe hemorrhages, we cannot dispense with hypodermic injections of sulphate of strychnia (1-30 grain) every ten or fifteen minutes, until we inject it three times, and if cold sweat exists combine the strychnine with atropine (1-100 of a grain).

The massage of the heart in syncope due to chloroform-narcosis has been recommended as a substitute for artificial respiration, subcutaneous injections of ether, and rhythmical tractions of the tongue, which have not always proved efficacious; but direct massage through the thoracic route or through the diaphragmatic, has not given positive results. The only track which seems to have answered well to surgical designs is the sub-diaphragmatic, easily followed when the abdominal cavity is laid open for operation.

I pass now to analyse the therapeutic agents with which homœopathy counts to stimulate the depressed vital energies of the system, and aid the reactionary process of the same, and in doing so, it is well to bear in mind, that not all the cases of functional torpor, with defective reaction, are attended by actual collapse.

In the first rank we should place SULPHUR and CARBO VEG., two important remedies to combat lack of reaction. The clinical history of both is a credit to the law of similars. SULPHUR corresponds to those cases of defective reaction, in which the debilitated cells do not respond to the action of the best indicated remedies, and in which the exhaustion of the vital forces has not reached the state of genuine collapse. It is in such cases where we see this drug rouse most efficaciously the dormant energies of the system and prepare the soil for a reaction which itself may determine, or which other remedies may come to ultimate. Its action then, is complimentary or intermedial. This stimulating property of SULPHUR is easily understood if we remember that it is our great antipsoric, and that it has a profound action on the abdominal venous circulation, abdominal plethora, portal obstruction, visceral congestions, etc.)

CARBO VEG. on the other hand is principally indicated in states of advanced collapse, where, we know, the prostration, alidity and cyanosis are extreme, the pulse is filiform or nearly imperceptible and the body is bathed with a glacial clammy sweat. In all conditions of extreme adynamia with defective hematosiis and prevailing torpor of all the

functions, no remedy can replace this drug to arouse the system from the utter prostration often observed in infectious diseases of serious character; and consequently it becomes our anchor of salvation in many cases of typhoid, yellow, or septic fevers, in which the lowering of the forces and collapse suddenly supervene. CARBO VEG. seems to have marked affinity for the abdominal viscera, and is not less efficacious in respiratory troubles (emphysema, bronchiectasis, bronchorrhea), which are accompanied by a progressive flagging of the powers, cyanosis, circulatory failure, paroxysmal dyspnea, and reactionary torpor, especially in broken down constitutions, or in the aged, with bronchial dilatation.

In the typhoid state, which sometimes supervenes during the course of low infectious fevers, of a malignant character, or the result of auto-infection, we have also PHOSPHORIC ACID and MURIATIC ACID, which, though in a lesser degree than CARBO VEG., have the power to urge the depressed forces of the organism and bring about reaction.

In PHOSPHORIC ACID the sinking of the forces and exhaustion are not as profound as in CARBO VEG. but the sensorial depression is intense. The patient is sunk in a state of stupid apathy, as if insensible to all external impressions, but reacts momentarily under the influence of active urging, to fall readily back to his previous stupor. It seems as if the reactionary powers were sufficient to spur but not operate a complete reaction. Under this drug the visual and auditory centres are deeply affected and the sopor is attended by a muttering delirium.

MURIATIC ACID is as depressing as CARBO VEG., for in both the functional torpor, exhaustion and collapse, are extreme. The former, however, exhibits, in its decubitus, a certain degree of erethism not to be found in the latter, which corresponds to the most perfect type of stupor and collapse and where the disturbance of the cerebral cortex reaches its highest degree of intensity, as evinced by the almost complete loss of consciousness. Frinks considers MURIATIC ACID applicable to erethistic conditions too severe for BRYONIA, too asthenic for RHUS TOX, and not cerebral enough for BELLADONNA, but after CARBO VEG., I reckon MURIATIC ACID the most asthenic, and among the ataxo-adyynamic, the one most depressing to the nervous centres. Its dorsal decubitus, as said above, exhibits, notwithstanding the adynamia and stupor, a certain amount of irritability, but in a more inferior grade than in either RHUS TOX or ARSENICUM. Its prostration amounts to paresis, with privation of the senses, and motion is limited to a sliding down of the body towards the foot of the bed, in which, of course, the will does not intervene in the least, so extreme is the state of physical and moral impotency. Putridity, together with the disorders of motions and sensation, reveal an intense gravity, and are the leading characteristics of this remedy.

HELLEBORUS NIGER is another important remedy, comparable with MURIATIC ACID. It is also indicated in the most severe adynamic conditions, with lack of reaction, especially in those cases in which the centres are so perverted that they do not seem to respond to any stimulus. The privation of the senses, the abolition of the will, are complete; the look is vague, the expression stupid, the pupils dilated; the nostrils are sooty, the pulse nearly imperceptible, the muscles convulsed, the urine retained, and crushed down by toxemia, the body, as in MURIATIC ACID, slides to the foot of the bed, incapable of the least effort to change the distressing position. The suppression of the urine has been my leading indication in yellow fever and typhus at the beginning of my practice; but I shall always consider it inferior to CARBO VEG. to urge the nearly extinguished powers of the system.

Other varieties of functional torpor, daily met with in practice, may claim the employment of other remedies; for instance, HYOSCYAMUS,

whose pathogenesis plainly reveals its ataxo-adyynamic power, especially when the lack of co-ordination translates itself by psychomotor impulses of an impudic and lascivious character. In two cases of ataxo-adyynamic typhoid, with manifestations of erotic irritability, this remedy, in my hand, brought about prompt reaction. The asthenic delirium, with its vivid imaginations and illusions, the convulsive motion and torpor of the entire organism, have led to its employment in cerebral typhus. In the retention or even suppression of urine of low adynamic states it shares honors with *HELLEBORUS*. The loss of consciousness and of the functions of the special senses, is sometimes complete; at other times, the functional torpor is attended by erotic exhibitions of extravagant affections for the opposite sex, or by displays of unchaste and lascivious acts. (Emotional insanity). In the typhoid state, calling for *HYOSCYAMUS*, the patient, like in *PHOSPHORIC ACID*, lies in the supine position, in profound stupor, as if the intelligence and sensibility were suppressed, but momentarily reacts when called or spoken to, to fall back again into his previous state of stupor. Another important indication of this drug is the state of irritability or hyperesthesia of the motor nerves, as shown by the convulsive movement of the limbs, the *subsultus tendinum*, the agitation of the hands and feet, which supervene in the midst of the most extreme prostration; a state which corresponds with the sensorial excitement (insomnia, delirium, mania) and which contrasts with the depression of the cerebral cortex (partial or complete loss of consciousness). It is likewise indicated when the visual and auditory centres are affected (dimness of sight, contraction of the pupils, optical illusions, *tinnitus aurium*, deafness). It competes with *LACHESIS* and *HYDROCYANIC ACID* in the syncopal state, which is a collapse of lesser intensity.

HYDROCYANIC ACID, like *LAUROCERASUS*, contains prussic acid, and both have been employed with gratifying results, not only in cardiac syncope, but in the threatening asphyxia of capillary bronchitis and other pulmonary affections. The rapid sinking of the forces, with long-lasting faints, and lack of energy or vital reaction, is its leading characteristic; particularly so, in pulmonary or cardiac troubles, when the respiratory centre in the medulla becomes debilitated and the motor nerves are almost paralyzed. Its action upon the blood and heart makes it further applicable to serious cases of typhoid fever and cholera Asiatica. In cholera Asiatica, it should be studied when anguish and dyspnea prevail; the drinks pass with a gurgling sound, the diarrhea and cramps cease, the vomiting diminishes, the urine is suppressed, and a glacial coldness, with gradual extinction of the pulse, complete the dangerous picture. When the urine is suppressed *HYDROCYANIC ACID* compares favorably with *OPIUM*, *CAMPHORA* and *HELLEBORUS*. It has also given good results in many suffocative attacks of laryngeal phthisis; when asphyxia seemed impending. In a case of diaphragmatic paralysis, after diphtheria, a few doses of the 3c sufficed me to bring about an incontestable recovery.

A much neglected remedy, in conditions of reactionary torpor, is *OPIUM* which like *SULPHUR*, serves to stir up the dormant or depressed energies of the system, and make them react when other remedies apparently indicated proved ineffectual. The privation of the general sensibility, with slow or defective reaction, is a condition of functional torpor, upon which both remedies seem to have an almost specific action. The prostration of *OPIUM* is similar to that of *VERATRUM*; in both the syncopal paroxysms are repeated on the least motion, but in the former they are followed by a certain amount of reaction after lying down or assuming the state of repose, while in the latter, the cold sweats and anguish

continue for some time and then cease, to return again if the patient rises from bed, or makes a sudden motion. In other words, in *VERATRUM* the depressed feeling continues after assuming the supine posture, the other symptoms are relieved, but the least motion brings back the syncope, with its alarming and fatal features. Long-lasting fainting spells are characteristic of *HYDROCYANIC ACID*. In syncopal, apoplectic, or typhoid states with cyanosis, drowsiness, coma, stertorous breathing, dropping of the lower jaw, and suppression of urine, *OPIMUM* frequently brings about surprising reactions. As in *HELLEBORUS*, it is indicated when the suppression of the urine is a prominent symptom. The determining causes of many of the ailments in which *OPIMUM* has proved curative, comprise: fright, alcoholism, and old age; but the lack of impressibility to medicinal or reactionary powers is one of its most notable features.

In *LACHESIS* we have another therapeutic agent of considerable efficacy, against those typhoid and asystolic conditions, characterized by paroxysms of dyspnea and syncope. The lowering of the vital forces comes on suddenly; there is loss of sensibility and motion, the face is pale and sunken, the body is bathed in cold sweat, the pulse is intermittent, tremulous, almost imperceptible and there is lack of reaction. In valvular disease of the heart, with erratic palpitations, stitching pain, anxiety, dyspnea, fainting spells and cold sweat, it has been productive of good results, and the same may be said, in those attacks of cardiac asthma, so full of distress, inquietude, and apprehension, and which are always aggravated by lying down. It has also been employed with success in abdominal disease appendicitis, septic peritonitis, infectious salpingitis, etc.) with prevailing dyspnea and syncope, in which there is an extreme sensitiveness to touch. The prostration of *LACHESIS* is not attended by the vascular and nervous erethism of *ARSENICUM*, nor the death-like asthenia of *CARBO VEG.*; it occupies an intermediate position between the two. Both *LACHESIS* and *OPIMUM* can combat cerebral paralysis, when the dropping of the lower jaw is the prelude of impending danger. When syncope is of cardiac-asthenic origin *LACHESIS* should be compared with *ARSENIC*, *HYDROCYANIC ACID*, *DIGITALIS*, *VERATRUM* and *CAMPORA*.

An essential remedy is also *PHOSPHORUS*, particularly in typhoid or asystolic states, during the course of pneumonia and broncho-pneumonia, with dilatation or fatty degeneration of the heart; or in adynamic conditions of phthisis, with repeated hemoptysis, stertorous breathing, frequent fainting spells, cold sweats and threatening paralysis of the lungs. *PHOSPHORUS* is to tuberculosis what *SULPHUR* is to scrofulosis. According to Trinks, the same relation which exists between *ARSENICUM* and *RHUS TOX*, exists between *PHOSPHORUS* and *PHOSPHORIC ACID*. *PHOSPHORUS* takes the first place in the most intense forms of functional torpor, particularly in the ataxo-adynamic form of depression, with impending paralysis of either the brain or lungs. This is the position which Wurm and Kaspar give to *CARBO VEG.*, which I consider inadmissible, for *PHOSPHORUS* is an erethistic remedy with a rapid transition to torpor, but always exhibiting an asthenic irritability, inferior only to that of *ARSENICUM*. The physical or nervous prostration indicative of this drug is produced by a prolonged exposure to active morbid influences. Syncope is frequent and sudden, with more or less reaction, or the patient falls into a comatose state, as if life were extinguished. We should not forget the curative power of this remedy in apoplexy and its immediate consequences, particularly in old age. Like *ANTIMONIUM TARTARICUM*, it is often indicated in pneumotyphus and pulmonary edema, with much rattling of mucus, intense dyspnea, and great prostration of

the forces ; cases in which MOSCHUS comes often to complete the cure. For the typhoid state, which sometimes supervenes during acute atrophy of the liver, few remedies can take the place of PHOSPHORUS.

In those incomplete reactions, which leave behind an accentuated muscular asthenia, GELSEMIUM is the first remedy to consult. Its favorable action, in such cases, has been constantly verified, particularly after grip and other infectious fevers. This drug affects especially the motor nerves, causing prolonged exhaustion of the forces, with a marked disinclination to all bodily and mental effort. The muscles refuse to do their work and feel notably sore ; and this is a condition which frequently indicates GELSEMIUM in certain early cases of typhoid fever, exhibiting mental, corporal and vascular excitability, with langour, insomnia, vertigo, drowsiness and an agitation less marked than that of ACONITE.

There are other cases of incomplete and doubtful reaction, usually noticed after acute suppurative diseases, or prolonged and debilitating losses of blood and other vital fluids (hemorrhages, sweats, diarrhea, etc.) for which CHINA is a very important remedy, especially when these losses cause an extreme general debility, with emaciation and indefinite state of malaise. CHINA is also our leading remedy, when the patient after repeated attacks of acute malaria, falls into a state of cachexia, which is due to the anemia, and in a great measure to the persistency of certain alterations of hepatic or intestinal origin. It is, likewise, indicated in those cases in which the intestinal mucosa remains so impressible that the least excess in the regimen, brings a return of the diarrhea and even of the complete attack, with its usual consequence, and creating besides painful digestive troubles of long duration.

If, as it happens occasionally, the reaction is excessive, that is, is accompanied by an intense febrile excitement with congested face and conjunctiva, tumultuous beating of the heart, full frequent pulse, violent headache, somnolence, and a slight nightly delirium, ACONITUM is the adaptable remedy for this condition, which is essentially a fever of reaction ; true enough, with active congestion of the brain and a mild cerebral disturbance, but without any pathological change whatever. Under the influence of this remedy the circulation returns to its normal course, the congestion disappears, there are no ulterior localizations, and the malady retrocedes with enough rapidity and passes to complete recovery, coinciding always with an abundant elimination of urine, the development of a rash, or profuse sweating. When reaction does not take place, secondary disorders appear, the existing congestions persist and increase more and more, and the typhoid state finally supervenes ; for this so-called excessive reaction, usually, is nothing else but the prelude of serious disorders. ACONITUM is also a powerful auxiliary against syncopal and asphyxic states supervening after insolation (*coup de soleil*), or after being for a long time exposed to an intense heat, and it is not less efficacious when syncope or collapse is the result of shock or traumatism, particularly when fear and anxiety persist after the accident. It is also applicable to shock after surgical operations, and its adaptation to traumatic neurasthenia, is absolute, when the muscular debility is accompanied by numbness of the limbs, and by a mental syndrome, comprising fright, anxiety and fever, especially agoraphobia.

For the attacks of cholera, or pernicious fever, where the sudden sinking of the forces, is so commonly observed, we count with three remedies, which, by themselves alone, are sufficient to maintain intact the credit of our school. These remedies are : ARSENICUM, CAMPHORA and VERATRUM, and to the list we can advantageously add CUPRUM, whose clinical history is intimately connected with that of the three.

ARSENICUM is indicated in those cases distinguished, not only by a rapid sinking of the forces and deterioration of the organic substance, but also by the nervous and vascular erethism. The predominant erethism and the colliquative losses, keep *pari passu* with the cardiac debility and collapse, but, no matter how profound the collapse apparently may be, it is always attended by the characteristic asthenic irritability, which we frequently see persist, until reaction is effected or death closes the scene. A glacial sweat, cyanosis, the lack or scantiness of the excretions, the almost complete extinction of the pulse, voice and forces, and the alteration of the face, always indicate a fatal issue, which perhaps only CARBO VEG. can prevent. Of all our remedies, ARSENICUM is the most ataxo-adyynamic, for even in the most extreme cases of prostration and sensorial torpor, it always exhibits the same agitation and mental inquietude, which compels the patient to change place, and be continually on the go, without, however, obtaining any rest or relief. In the most adynamic typhoid states, when the function of perception, motion and sensation are blunted or seem extinct, the least trace of irritability of tissue invariably indicates ARSENICUM, a remedy which has often proved curative, in those attacks of sudden collapse, asystolic or not, occurring at night and attended by irritability and anguish.

In VERATRUM ALBUM the rapid sinking of the forces is accompanied by cold sweats, filiform pulse, pinched countenance, repeated spells of fainting and pertinacious hiccough; but its distinctive characteristics are the algidity and the cold sweat on the forehead. Its influence on the vital forces, in what concerns the sensorium and the nerves of animal life is moderate, but it profoundly affects nutrition. The digestive organs take part in the passage of tissue-material from a higher to a lower plane of complexity, the secretory function is altered, the nausea and vomiting become accentuated and the alvine evacuations, riziform or frumentoid (Koch), explain the distinctive metabolism. Vomiting and diarrhea increase the exhaustion, but the patient does not exhibit either the mental or sensorial disturbance, or the anxiety and agitation so characteristic of ARSENICUM. However, in certain typhoid states, especially of septic peritonitis, I have observed a degree of anxiety and inquietude inferior to that of ARSENICUM, but sufficiently indicative of VERATRUM, when the sudden prostration is attended by constipation, frequent small pulse, alteration of the features, and principally by vomiting, successively bilious, greenish and puraceous.

In cases of cholera Asiatica which commence with collapse, CAMPHORA is our best remedy, but in those in which the collapse supervenes 12 or 24 hours after the attack, we find ARSENICUM and VERATRUM more frequently indicated. CAMPHORA corresponds almost exclusively to that variety of cholera, called cholera sicca, in which diarrhea and vomiting are either moderate, or entirely wanting. Thirst, if it exist, is insignificant, but as in ARSENICUM, anxiety and agitation govern the scene. It is in this class of cases, where CAMPHORA, administered in the mother tincture, a couple of drops every 15 minutes, has brought about the most admirable reactions. We should bear in mind, however, that when not indicated or given in too strong and repeated doses, it produces a burning, epigastric distress, which puts the patient in despair and which, according to Carroll Dunham, a few doses of PHOSPHORUS will relieve.

CUPRUM is for spasmodic cholera, what CAMPHORA is for cholera sicca. In both, however, the thirst is moderate and the stools scanty, but in CUPRUM, the cramps predominate, and usually occur in spells, and while the urine becomes suppressed, the cyanosis and dyspnea increase. It is also indicated in many cases of functional torpor with defective reaction, particularly when prostration supervenes as a result of inflammatory and

spasmodic troubles, of gastro-enteric or abdominal origin, or occur in broken-down individuals from excess of physical or mental work, or from prolonged nocturnal watching. The results obtained with this remedy, in many cases of retrocession of rashes, have been very satisfactory. If to the retrocession of the rash we add the spasms and vomiting, and these are followed by cyanosis, dyspnea and extreme prostration, no remedy better than CUPRUM METALLICUM, will spur the reactionary forces of the system.

In the reactionary torpor noticed, now and then, in the malignant type of eruptive fevers, ZINCUM METALLICUM is an indispensable remedy, especially when the stupor precedes or accompanies the rash, which develops slowly, retrocedes, or fails to appear in due time. In such cases, as in the typhoid state which may accompany them, when there is impending paralysis of the brain and the spasmodic element is notable, we have to resort again to this remedy. It is, in fact, one of our most valuable drugs to combat the ravages of septic intoxication in the nervous centres, made evident by the extreme exhaustion, alidity, cyanosis, and alteration of features. Attacks of syncope, with general dullness and distressing nausea are also indicative of ZINCUM. In all serious affections of slow, interrupted or incomplete development, as the result of enervation, we should study this remedy, which, as Farrington says, is indicated when the patient is too exhausted to develop the morbid phenomena pertaining to the disease, and suffers in consequence the effects of a latent toxemia, which expends its forces in the internal organs and principally in the brain. A similar state of nervous torpor is sometimes observed during dentition, when the intracephalic and spasmodic phenomena may be important enough to demand the employment of ZINCUM.

I think this work would be incomplete without mentioning a few other remedies, which have been recommended and employed during the doubtful and incomplete reactions of many acute maladies, or in retarded convalescence, when the exhausted forces seem to be incapable of restoring to the system its lost integrity.

PSORINUM is indicated when there is reactionary inertia, after severe diseases, especially when convalescence is protracted, without known cause and the patient is weak and nervous, and despairs of recovery; or when, in a sickly constitution, we suspect the existence of a latent toxic influence, such as tubercle, scrofula or psora. It may become a valuable remedy when the dystrophic condition has been preceded by the retrocession of a rash. Like SULPHUR, it serves to stimulate the dormant energies of the system and the enervated cells, bringing about the needed reaction, when other remedies have failed to produce permanent improvement.

In certain typhoid states, with sensorial depression, Hahnemann prescribed successfully NITRI SPIRITUS DULCIS, a few drops of the pure substance, in half a glass of water every two or three hours, until reaction took place. It corresponds to those cases too mild for PHOSPHORIC ACID, without nervous and vascular erethism, in which also the patient can be momentarily aroused to fall back again into deep stupor. Spiritus nitrosi seems to correct the destructive metabolism, probable cause of the reactionary inertia, as evinced by the increased renal elimination, and the diminution of urea and the solids.

COCCULIS INDICUS has also been recommended for those cases of incomplete reaction, in troubles of spinal origin, exacerbated by prolonged night watching or insomnia, and which are accompanied by lassitude, vertigo and persistent anemia. In typhoid states, of exclusively nervous type, in which the cerebro-spinal nervous system cannot get rid of the

toxemic effect, COCCULUS will aid readily the reactive forces of the system. Wurm recommends it in those cases, where the animal life or of relation is deeply affected, while the nutritive functions are hardly implicated.

ARNICA is one of our powerful agents, when syncope or collapse is the result of serious mechanical lesions, or attended by cerebral congestion, with cold, pale face, vertigo and loss of consciousness. It is always indicated in traumatic fevers, with great depression of the vital forces, and which are due to an accidental contusion or shock, complicated or not with fractures or lacerations.

CAPSICUM is of useful application, and has given good results in those cases of functional torpor, occurring in obese individuals, of lax fibre, gouty or hemorrhoidal with enlarged and tender liver and spleen; and particularly so, in those who suffer from malarial cachexia with periodical spells of fainting and great inclination to lie down and sleep.

A remedy of some importance in syncope, is SECALE CORNUTUM, especially when it occurs as the result of persistent hemorrhages, during labor, with algidity and loss of consciousness, in debilitated, cachectic women. Also in the collapse of cholera Asiatica, with convulsive movements of the muscles, glacial coldness, and almost complete extinction of the pulse and voice.

In a case of brusque asystolia, with precordial anxiety, distressing nausea and deathly paleness of the face, I obtained a rapid and excellent result from TABACUM, which is also indicated in collapse, when the tremor and pallor are extreme, and nausea and vomiting return on the least motion of the body.

VALERIANA and AMBRA GRISEA have been favorably mentioned, for incomplete reaction during the course of nervous affections, when the organism seems not to respond to the action of any indicated remedy; but, I think, MOSCUS should be preferred when the enervation is extreme and the malady does not follow its usual course, either remaining stationary, or developing serious abnormal phenomena. This remedy is also useful, during or after serious fever, presenting repeated attacks of syncope, with gradual lowering of the pulse, audible mucous rattling and nervous inquietude, indicating impending paralysis of the lungs. The lack of reaction, when it occurs in hysterical women, during serious illness, however, claims the employment of CASTOREUM, a neglected remedy, worthy of our study in these cases, particularly if due to spasmodic disorders and extreme exhaustion, convalescence is protracted and distressing. Asthenic irritability and predominance of abdominal symptoms are characteristics of this drug.

And in finishing this paper, I wish to state that I have found LYCOPodium able to operate true and permanent reactions, particularly so, in typhoid states, with pulmonary localization. I do sincerely believe that many cases of reactionary inertia, erroneously classified as maltreated pneumonias, have been successfully treated with LYCOPodium by virtue of its profound action on destructive metabolism and its undeniable power to urge the enervated cells to act and bring about reaction.

In the collapse of old age and vigorous gouty subjects, COLCHICUM should not be overlooked, especially in typhoid states with incomplete stupor, or in asystolic conditions with great oppression and dyspnea.—*The North American Journal of Homœopathy*, April 1907.

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PLAGUE CAUSING UNREST IN INDIA.

Of the several causes creating unrest in India, plague may be mentioned as one of the prime factors. We draw attention of our readers to a significant article in the *Lancet* of May 25th, printed in Editor's Notes, describing the ignorance of the British nation to the extent of its devastation and the unreliable answer of Mr. Morley. We are always pessimistic to the views held by any Secretary of State for India and much more to the ultra-liberalism of the present dignified man in that exalted office. We know it to be almost certain that a minister of the British Cabinet holds double conscience from which his action is derived. Like Goethe's Faust, he would say—

“Two souls, alas I reside within my breast,
And each withdraws from, and repels, its brother.
One with tenacious organs holds its love
And clinging lust the world it embraces ;
The other strongly sweeps, this dust above,
Into the high ancestral spaces.”

Mr. Lajapat Rai ascribed the unrest of the Panjab to the following causes :

a. The letters and articles, etc., that appeared in the Civil and Military Gazette sometime in July and August last year under the heading “Signs of the Times,” etc.

b. The prosecution of the Panjabee, coupled with the refusal of the Government to take similar action against the C. M. Gazette.

c. The Colonization Bill.

d. The Land Alienation Act Amendment Bill.

e. The increase of Canal rates on the Bari-Doab Canal.

f. The abnormal increase of Land Revenue in the Rawalpindi District.

g. The appalling mortality from plague which has made the people sullen and labour scarce, and raised the wages abnormally.

We are only interested with the last statement of our patriotic leader of the Panjab. The *Lancet* writes :

“Two years ago when the Plague Commission was appointed to study some of the problems connected with plague we ventured to state that, though it was a step in the right direction and one of which we approved, the gravity of the situation demanded very much more. We hold that administrative measures based on existing knowledge which the researches of the Plague Commission have since borne out and emphasised should at the same time have been organised and put into force. These views were later fully supported by a deputation of the Royal College of Physicians of London, headed by its President, Sir Richard Douglas Powell, which waited on the then Secretary of State for India in July, 1905. It was pointed out by this deputation that the calamity in India, in the proportions which it had already attained in 1905, was comparable to the most terrible pestilences recorded in history, not excepting the plague of 1348, often called the Black Death, which completely altered the social conditions of England and other parts of Europe; and that the continuance of plague constituted a danger not only to the affected provinces of India but also to the rest of India and to the Empire. It was further pointed out that as the epidemic continued the social and economical disorganisation which followed former great epidemics of plague was likely to occur.”

The authoritative statement of the deputation of the Royal College of Physicians of London could not stir the dormant feelings of the last two Secretary of States. Neither Mr. Brodrick nor Mr. Morley was in his full consciousness to understand the significant utterances of the deputation. In 1907, Mr. Morley was able to announce that no scheme had yet been formulated to ensure safety of India from attacks of plague. Of all the governments of Europe, the British Government is capable of making such an announcement.

The same paper further writes : " Perhaps, now, when there is so much unrest in India, which is doubtless due to several causes, political and otherwise, but not least among which are the pathological, social, and economical conditions arising from the annual devastations of plague, action will be taken and taken quickly. When people are dying in such immense numbers their relatives, friends and compatriots are prone to think that any order of things other than that existing will be better for them, as it may give them relief from their sufferings and distress ; they are not at such times in the mood or condition of mind to be very particular as to the manner in which they may exhibit their dissatisfaction and longing for change."

In addition to these remarks, we may say that the indifference of the British public and the self-assertion of our Anglo-Indian rulers have added further injury to the havoc caused by plague. According to Mr. Lajapat Rai all the causes except plague are directly attributable to Anglo-Indians.

To this, we add the testimony of Mr. C. J. O'Donnell :

" Fifteen years ago, Mr. S. S. Thorburn, Financial Commissioner to the Government of the Punjab, declared as the result of a house-to-house enquiry that over large areas the peasantry was ' already ruined beyond redemption ; ' the chief cause assigned by him being ' borrowing from money lenders to pay land revenue. ' There have been two famines in the Punjab in the last ten years. During the past five years the Punjab has been swept by plague, and plague finds its victims amongst the

poor, ill nourished and physically feeble. This year 52,000 died in a single week in the Punjab. In spite of these disasters, far from there being any remission of land tax, the revenue derived from it has increased from £1,500,000 in 1891 to £1,925,000 in 1906 or by 30 per cent. in 15 years. This is a state of things that cries aloud for investigation. For years the people of the Panjab have besought their local rulers in vain. They now turn to the people of England for mercy and justice."

The situation is not pleasant to be observed with satisfaction by the people of India, if the British public are so much anaesthetised by the reports of the Government of India and the unagitated speeches of Mr. Morley. It can be said that the zemindary of the British nation in India is not in a satisfactory state, even taking into consideration the health of that empire alone. The Manchester Guardian with regard to the Health of India writes :

"The year 1905 was unexceptionally unhealthy year ; a slight decline in mortality from plague was more than balanced by an increase in the mortality from all other diseases. Plague killed more than a million people, and was again responsible in the Punjab and the United Provinces for a death rate considerably in excess of the birth rate. The agitation in the Punjab can not be justly appreciated from the plague, whose ravages are increasing at a terrible pace ; for although throughout the twelve months of 1905 the plague killed in the Punjab 335,000 persons. It is clear that 'even the most effective anti-plague measures' are of little use. What gives these figures an even more sombre air is the fact that the dead are chiefly adults in the prime of life ; children and old men are almost immune. The flower of the people is being destroyed, and the bread winners of families already miserably poor. Plague is not only a consequence—It is a cause of Indian poverty."

In contrast to these lurid sketches made from dismal scenes, the speech of self-glorification of Sir Henry Adamson made during the budget debate of 1907, as Home Member of the Governor-General's Council, comes to us as a gigantic sarcasm.

He said in reply to Mr. Gokhale: "But I can not pass in silence the concluding portion of the Hon'ble Mr. Gokhale's speech in which he represents the Indian Civil Service as a caste whose only aim is to retain a monopoly of power for themselves. The Hon'ble Member forgets that the Indian Civil Service is the custodian of the interests of the three hundred millions who inhabit India, and not merely of the small party of perhaps a few millions of whom he is the spokesman."

The whole world is a witness how "the eustodians of the interests of the three hundred millions" have preserved their interests and safety as are in evidence in the Punjab, East Bengal and Madras. We are inclined to say, "save us from our custodians."

INFLAMMATION.

(Continued from p. 445 of 1906.)

Tanacetum Vulgare has produced a large abscess of the labium majus. So far for the proving but no case is recorded in which it has been successful to cure an abscess of the labium. It has heat and fulness through hips, increasing as the drug is persisted until a "show" (menses) appears. Inflammation of vaginal walls, of internal and external labia, which resulted in an enormous abscess in one labium.

Tarentula or *Lycosa Tarentula* is the live Spanish Spider triturated with sugar of milk. It has the following symptoms: Pain and swelling; a few hours after the bite anguish of heart, dejection, difficulty in breathing, swelling, great pain in the bitten part, spasm, chill, etc; general hyperaesthesia; queezed pain in arm and hand; pain and swelling in wrists; unbearable pain in thumbs, better from pressure, pain in internal malleolus; great pain in knuckles and toes, can scarcely bear the weight of lightest linen; shooting in tendo Achillis; intense restlessness; restlessness, must keep in motion though walking aggravates the symptoms.

Though *Tarentula* produces dark red or purplish coloration and swelling of skin and tissue with other kinds of inflammation yet it has not been used in like cases as a therapeutic agent. In fact the use of *Tarentula* in inflammation is very limited. The disorder it produces is more nervous than inflammatory as will be seen from the following case recorded by Clarke :

“ In *Medical Advance* xvii, 568, a case of hyperaesthesia is mentioned. The patient, lady, 33, could not dress herself with gloves. The irritation caused at once a sensation in the *teeth* as if set on edge by a strong acid. The pain was not in the fingers. *Trn.* gave relief after *Asar.*, *Gels.*, and *Sul. ac.* had failed.”

Tarentula patient also feels sore and bruised all over, worse when moving about; it produces spinal irritation, slightest touch along spine gives rise to spasmodic pain in the regions of the chest and heart.

Tarentula Cubensis or the Cuban Spider has the following symptoms: The bite is painless; the person is not sensible of it till next day, when an inflamed pimple is found surrounded by a scarlet areola; from the pimple to some other part of the body a red erysipelatous line is seen.....This pimple swells, the inflamed areola spreads, chills and fever set in with copious sweat and retention of urine; the pimple becomes a hard, large exceedingly painful abscess, ending by mortification of the integuments over it and having several small openings, discharging a thick, sanious matter containing pieces of mortified cellular tissue, fasciæ and tendons; the openings by growing run into another, forming a large cavity; at this time the fever takes the intermittent type with evening exacerbations.

Allen has the following clinical note; “ The spider has been used for various forms of unhealthy or malignant suppuration, especially carbuncles, with most terrible pains; with great weakness and diarrhoea; with most terrible pains; bubo; diphtheria. In all these diseases there is usually a purplish hue with burning stinging pains (compare with Lach.).”

We are interested with the stage of inflammation. It is evident that any inflammation having a purplish hue with pimple or any wound having the same colour comes within its scope.* There is possibility that the inflammation may run to slough like carbuncle, erysipelas or gangrene. The medicine can be tried either in the first stage of inflammation or the second stage of sloughing. The reasonable inference is that in grave cases it should be tried at once, to be followed by Lachesis on its failure. In mild cases Belladonna and Hepar sulph. should be tried before its application. On the whole we have a potent medicine in *Tarentula Cubensis* where the inflammation has great chance of undergoing sloughing. Clarke writes: (1) Carbuncle even to sloughing; with great prostration and diarrhoea. (2) Intermittent fever with evening exacerbation. A Keynote symptom is "atrocious pains."

Tartaricum Acidum has only a few symptoms. They are: Bruised sensation worse in lower limbs; *sharp pain in loins*; tearing in soles near heels, preventing setting feet on ground, after luncheon.

Taxus Baccata has cured abscess of the knee. It has the following symptoms: Pains in the knees, elbows and back, drawing pain in muscles of neck; sacral pains which allow no rest either in a standing or sitting posture and which compel the patient to remain in bed; incisive pain in sacrum; constant pain in back; pain in shoulder-blade, which subsequently removes to loins; sharp, transient, wandering pains; aching pain in elbow near humerus, affecting the bone, felt during motion and rest, but worse by movement; pain in hip and knee, with tearing pain and coldness in thigh, worse at night; pain in hip with internal heat; painful tingling round patella; lancinating pain in knee with weakness of the joint; abscess in knee; contusive and incisive pain which hinders walking; body covered with miliary eruption disappeared and abscess formed on the knee.

Tellurium has great affinity with spine and skin. It has: Pains over whole body; restlessness (Ars., Rhus Tox.); eczema

of the external ear; spine sensitive from last cervical to about fifth dorsal vertebra, with dread of having the part touched or approached (comp. *Chin sulph.*), the dread was greater than the actual sensibility; from these vertebrae a peculiar irritation radiated into neck and shoulders and to sternum, this sensation produced fatigue, but only partially better by repose; eczema and herpes.

Tellurium has cured cases of the peculiar neuralgic hypersthaesia as well as effects from fall. The following cases as effects of fall have been cited by Clarke :

“It has also a vulnerary action as shown in a case of Kent (*American Homœopathist*, xxiii. 439). A boy, 4, slid down banisters and struck his head on a tiled floor. He became unconscious and a surgeon was summoned, who found him in that state with a clear watery discharge from the ear, which the surgeon pronounced to be cerebro-spinal fluid. This condition lasted three days, and the case had been pronounced hopeless when Kent first saw the boy. Kent noticed that the discharge was acrid, and reddened what ever part it came in contact with. One dose of *Tell.* was given. In two hours the child vomited, a sign of reaction, and in two weeks was well. Another case has been mentioned by Shelton in *Homœopathic Recorder* vii, 103. Miss x., 45, had a fall, striking a severe blow on the sacrum. She suffered for some weeks from concussion, with one point of great soreness in the sacral region, just above the spot where the blow was received. She was kept in bed for some weeks and improved generally, but the painful spot remained and sensitiveness appeared over the back, especially its upper third. *Tell.* 6 cured all completely.”

Tellurium has, fear of being touched on sensitive places; worse by touch.

Taking into consideration the effect of Tellurium on the spine, it can be said that any kind of spinal inflammation including injury may be cured by the medicine. Its especial sphere is the upper dorsal vertebrae.

Tetradymite is a rare crystal from the United States. Its symptoms are: Pains occurring in small spots; pains in ear as if bone sore; pain in the nape of the neck; pain in coccyx and lower extremity of ischium; frequent pains in margins of nails as if an ulcer would develop, painful on pressure; violent pain in hands as if in bones or nerves; tendo Achilles constantly painful as if sprained.

Teucrium has special relation with the nasal septum. It has the following symptoms: Sensation of obstruction in nose; tingling in nose; frequent sneezing with tingling in nose; crawling in nose without coryza; stinging lancinating pain in upper part of nasal cavity; sensation as if nostrils were stopped; blowing nose or sneezing does not remove the obstruction; polypus with stoppage of nose; large red pimple near septum, sore and smarting to touch.

Hughes writes: "It was reputed of old in polypus narium used locally in the form of snuff; and homœopathy, discerning some specific action on the Schneiderian membrane, has preserved the tradition giving the drug as an internal remedy." Guernsey says: "Polypus with stoppage of nose on side lain on; large red pimples under right nostril near septum, sore and smarting to touch." Clarke adds: "A snuff of *Teuc.* has been used in some cases in addition to the internal use of the remedy. But *Teuc.* has a relation to new growth in general as well as of the nose. It has removed a fibrous tumour of the eyelid; urethral granulations following gonorrhœa and also uterine fibroids."

In our practice a case of hypertrophy of the nasal septum and especially that of the vomer following chronic congestion was cured by *Teucrium*. It was under the care of a professor of the Calcutta Medical College for three months and without any benefit.

Thea Chinensis or China Tea produced enormous indolent swellings or tumours which appeared successively on back, thighs, scrotum and penis.

Theridion or the Orange Spider has cured abscess of the liver and spinal irritation. Clarke remarks: "Burning in liver region has led to the cure of abscess and cancer of that organ."

Thuja Occidentalis is one of Hahnemann's sycotic medicines. Clarke writes: "Hahnemann found in *Thuja* the antidote to the miasm of the condition which he termed *Sycosis*, meaning thereby the constitutional disease resulting from constitutional gonorrhœa, and having as its characteristic manifestation of excrescences, sometimes dry in the form of warts, more frequently soft, spongy, emitting a fetid fluid with a sweetish odour something like herring brine, bleeding readily and having the cockscomb or cauliflower form. Teste remarks that in the period when the doctrine of signatures prevailed the resinous callosities of the stems and leaves of *Thuja Occ.* might have seemed an indication that the plant was the specific for sycosis and warts. Teste dismisses the idea, but he asks whether resinous substances which have the power of modifying vegetable juices in a peculiar way may not affect the animal fluids in the same manner."

We are not prepared in these advanced days of scientific medicine to accept the doctrine of signature on which the sycotic property of *Thuja* rests. Hempel and Arndt say: "The general character of the pathological condition, which *Thuja* sets up in the attacked parts, is that of irritation. This irritation, which may even increase to inflammation, causes in the secreting organs (mucous membranes, urinary apparatus and glands) an increased and altered secretion. In the external skin the irritation is concentrated in single spots, and manifests: inflammation, suppuration, formation of warts and excrescences."

The highly morbid effects of vaccination manifested in the form of bad pustules, with or without high fever are amenable to the use of *Thuja*. It has cured polypus of the ear, warts on the nose, warts about arms, uterine polypus with terrible pain and condylomata, polypus of the vocal cords and fungoid excrescences from various parts of the body which bleed easily on the slightest touch. It is not a curious fact that vaccination

can produce inflammation as well as mal-nutrition. The following case from Hoyne indicates the inflammation of glands: "After vaccination of a child aged fifteen months, swelling of the cervical glands, pityriasis capitis; conjunctivitis; restless sleep; pustular eruption on the neck and face soon drying up; frequent waking up as from pain in bowels. *Thuja*. 30 cured. Dr. C. Kunkel."

It has the following symptoms: Drawing in the blood vessels; swelling of the veins in the skin; jerking of some of the limbs and some of the muscles; the flesh feels as if beaten off the bones; affects prominently epithelia, first causing hardening, hypertrophy, then softening; tearing and pulsative pains as if the parts were ulcerated; inflammatory swellings with redness; violent ebullition of blood with pulsation in all the arteries, worse by movement, better on sitting down: aneurism by anastomosis; swelling of the blood vessels; red and painful swellings on finger tips and suppuration of finger nails.

Toxicophis or the Moccasin snake produces a kind of chronic inflammation which has a peculiar feature. "The symptoms of pain and fever recurred annually at exactly the same period for many years with decreasing intensity each year." It has cured a case of gangrene.

Upas or *Strychnos Tieuté*; has cured spinal irritation and pain, as well as pain in the tendo Achilles. It has one peculiar symptom, which is aversion to meat and eggs. The tongue is coated white so thickly that it can be scraped off; sudden jerking of the whole body, followed by violent stitches in extensors and drawing back of head.

Vaccinium has cured bad effects of vaccination. It has also absorbed cheloid growths due to chronic inflammation which developed on the scar of vaccination. Clarke cites the following case: "Over a year ago a young lady came to me shortly after having been revaccinated under some Government rule. There had been nothing abnormal in the course of the vaccinia, but after the scales fell off there was much pain in the arm, and each of the scars began to grow, and when I saw them

they were well-developed oboleids. *Thuja* removed the pains but did not arrest the growth. Under *Malan*, 200, they have now all but disappeared."

Vipera is the Viper snake. It has many species. *Vipera communis* is the common viper; *V. radi* is the Italian viper; *V. torva* is the German viper and the most powerful of them all is *V. Russell* or the Russell's viper which is mostly found in Bengal. Among all the family of *Viperidæ*, Russell's viper is the most poisonous. We have observed a full grown cock to die within five minutes in the experiment of Dr. Mahendra Lal Sircar; on the contrary, the same kind of poultry has been seen to live more than twenty four hours when bitten by a cobra, *Kautia*. According to our view, the poison of Russell's viper or *Bea Vipera* is far more powerful than Cobra, *Kautia*, or *Gokhoora*. In the post-mortem of the cock, the fluid character of the blood with fulness of the auricles was observed. It seems that it has the same character as other vipers, only the poison is more powerful than all of them.

Vipera produces the following symptoms of inflammation: Limbs swollen and red; livid, spots on the bitten limb; yellowish, livid, mottled spots; varicose veins; lymphatics swollen; swelling of the hand not pitting on pressure, with pain as if it would burst, with pain on touch; stiffness; hands violet coloured, covered with phlyctenules; skin of hand dead and detached in large plates, subjacent tissues livid; feeling as if something moved along thigh (after bite on ankle); tension in knees and ankles; knees stiff; legs swollen, cold and insensible; blood altered, tending to hæmorrhages, coagulability lost; blood black; persistent œdema with tendency to ulcers; the bite was felt through the whole body like a streak of lightning, she sank to the ground; bitten part produced violent pain; the swelling was insensible; ulcers; blisters about the bite, bursting and leaving ulceration, muscles were laid bare, were dark red, dry, looked like smoked meat, insensible to touch, the sore was offensive; chronic suppuration; gangrene; crawling in soles and palms.

The other symptoms are: Black blood flows from a wound near the bite, cellular tissue green and blue. Apparent modification of the functions of the blood; fibrin is altered, globules less able to perform their functions, with tendency to hemoptysis, especially epistaxis, imperfect coagulation. Ecchymosis in endocardium and pericardium, lungs; hyperaemia, mucous membrane covered with ecchymoses, the tissue oedematous, mucous membrane of intestines ecchymosed, blood did not coagulate. Persons become prematurely old, development of children is arrested. Falling down when standing. Cramps, worse in flexor muscles. Sub-sultus, taudinum. Spasms; with raging pains in head, jaws, and abdomen. Epilepsy. Collapse.

Sticking in the bitten part, on every change of weather, with the tearing, extending through whole body; then leaden gray color and swelling. Appearance as of a nettle sting, then creeping up arm, veins distended, with feeling as if they would burst; piercing in tip of thumb, then spreading over arm, then sensation of a flame flickering through arm.

Pain in the bitten part; on every change of weather, with tearing; extending through whole body; returned every year; with stitches in finger tips; and sinking down in a faint, with heat and shivering shooting through body for half an hour, when he was first able to call for help, relief from vomiting of bile, thirst, cold, clammy sweat, features drawn, eyes protruding, staring, pulse slow, hard and full, jaws spasmodically closed, talking and swallowing difficult.

In our proving of *Boa Vipera*, we experienced the most painful symptom of passing of electric current from the outer part of the foot to knee and sometimes coming up to thigh. Another prover got spitting of blood. Though the leg was not inflamed, yet it produced a certain amount of heaviness. It was trifling in proportion to the painful sensation caused by the electric shocks. Indeed, the principal symptom of all fatal cases bitten by *Boa Vipera* is the electric shock running from the bitten part to those above it. In the proving, the electric shocks in the legs were the prominent symptoms.

Clarke writes: "*Vipera* affects the blood and blood vessels, conducting to hæmorrhage and inflammation of the vessels themselves. A keynote for *Vip.* in cases of phlebitis and varicosis is worse on letting the limb affected hang down; as if it would burst with fulness. The region of the vessel affected is inflamed and sensitive..... A case quoted from *Med. Adv. in Med. Cent.* II, 79) of varicose vein of the popliteal space, with the sensation as *though the leg would burst*, and a nervous fidgety condition of the feet which kept them in constant motion, was cured with *Vip. torva* 30. The bursting feeling appears to be at the root of this characteristic."

Allen says: "*Vipera* is a very valuable remedy for varicose veins and for acute phlebitis, the vein is swollen, bordered by an area of inflammation, which is very sensitive to touch, but particularly with the sensation, on letting the leg hang down, as if it would burst from the fulness of the veins. A gold-beater, who had used his right hand for years in his business found that the veins of the whole arm had become excessively swollen and painful; he could no longer use his arm or permit it to hang down, but he carried it in a short sling; and when sitting had to rest it on a table or something high, on account of the bursting feeling on letting it hang down; immediately cured by *Vipera*."

He further adds in his clinical note; "Bursting feeling in limbs, in three cases of neurasthenia, an old sprain and varicose veins."

It seems that *Vipera* has more action on the veins than arteries. But it can also be said that it may prove very efficacious in cases of pulmonary coagulation of blood in cholera, and in coma. It should be tried after failure of *Cobra*, *Lachesis*, or *Crotalus*. In erysipelas and gangrene, it may prove serviceable after *Lachesis*. It should be used in violent deliriums of all cases including those of plague.

In inflammation the characteristic symptom is bursting feeling in limbs particularly on letting it hang down. It may serve the purpose in either acute, subacute or chronic inflammation. Old sprain has been cured on account of that symptom.

Meteorological Observations taken at 8 A.M. at the Indian Association for the Cultivation of Science, Calcutta.

For the Month of May, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		Humidity.	CLOUD.	
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.		Proportion.	Rainfall of past 24 hours.
1	29.731	S E	2.8	91.0	77.2	72	6	Nil.
2	29.713	S	2.5	94.8	76.2	77	1	0.69
3	29.630	S	4.8	94.1	82.0	80	7	Nil.
4	29.637	S	3.2	97.5	81.8	77	Nil.	"
5	29.706	S W	3.0	100.9	80.1	73	"	"
6	29.779	S	3.3	103.2	79.1	69	"	"
7	29.764	S	2.6	100.8	79.4	73	"	"
8	29.719	S	3.0	101.0	79.5	73	"	"
9	29.680	S	4.0	101.8	81.0	60	"	"
10	29.697	S	4.1	103.4	82.0	58	"	"
11	29.763	N E	5.8	100.0	70.5	83	10	1.16
12	29.808	S	3.4	92.8	79.4	74	3	Nil.
13	29.793	S	4.4	98.0	79.5	70	2	"
14	29.772	S	5.2	98.0	81.5	70	5	"
15	29.964	S	5.7	97.6	80.6	67	4	"
16	29.691	S	5.2	97.1	81.3	71	8	"
17	29.746	E	4.9	99.9	73.5	67	1	0.03
18	29.766	E	2.5	97.8	81.5	70	4	Nil.
19	29.759	E	3.8	98.8	73.5	71	1	1.48
20	29.719	S	2.3	93.8	83.0	80	5	Nil.
21	29.786	E	2.9	96.0	74.2	76	Nil.	0.22
22	29.685	S S E	2.6	93.0	81.0	70	"	Nil.
23	29.578	S	5.7	98.5	81.0	77	2	"
24	29.600	N W	3.8	100.5	77.0	70	Nil.	0.53
25	29.636	E	3.2	96.5	79.0	79	"	Nil.
26	29.668	N E	3.3	96.5	76.0	87	10	0.03
27	29.631	E	2.0	89.8	78.8	78	9	Nil.
28	29.627	W	2.1	94.5	81.5	58	Nil.	"
29	29.621	S E	2.6	101.8	83.0	76	3	0.14
30	29.557	S S E	4.2	96.5	81.0	64	4	0.02
31	29.504	S	7.0	98.5	78.8	76	10	Nil.
Mean	29.692	S E	3.7	97.6	79.1	72	3	TOTAL 4.30

Remarks: The gradual fall of atmospheric pressure was continuing. From 29.808 inches in April the mean of the month of May came to 29.692. The mean direction of wind was S. E. in

comparison to S. S. W. of the month of April. The mean velocity of wind increased from 8.5 in April to 8.7 during the month. The difference between the mean maximum and minimum temperatures was 18.5. In April it was 17.9. The marked character is the increasing difference. The mean humidity was 72. The total rainfall increased from 1.55 of the last month to 4.80 inches during the month under review.

The mortality from cholera was 33 during the week ending the 27th April. It came to 35 during the week ending the 4th May. In the next week ending the 11th May the mortality increased to 55. During the week ending the 18th May it was 56. In the week ending the 25th May the mortality came down to 46. Though there was appreciable rainfall on the 11th, yet the effect was not marked. Subsequently rain fell on the 19th, 21st and 24th May.

As to the mortality from plague, in the week ending the 27th April it came to 428, the highest number during the four months, from January to April. During the week ending the 4th May, the mortality fell to 344. There was rain on the 29th April and 2nd May. In the next week, ending the 11th May it reduced to 294. Again there was rain on the 11th. In the week ending the 18th May, it further came down to 208. On the 17th rain poured on. On the week ending the 25th May, the figure fell to 131. Rain came on the 19th, 21st and 24th May.

Smallpox gradually came down from 47 to 32 in a week during the month. There was gradual rise from January to April attaining the highest figure 94.

Mortality from fever came down during the first week ending the 4th May to 47. The lowest figure of the last month was 53 and the highest 105 in a week. The highest number of deaths during a week in the month was 91.

Bowels complaints gave 52 deaths during the first week, the highest of the month. It came down to 34 during the last week, ending the 25th May. During the last month the mortality ranged from 59 to 48 in a week.

EDITOR'S NOTES.

The Plague in India.

The *Lancet* of May 25, writes the following significant note :

"Two years ago when the Plague Commission was appointed to study some of the problems connected with plague we ventured to state that, though it was a step in the right direction and one of which we approved, the gravity of the situation demanded very much more. We held that administrative measures based on existing knowledge which the researches of the Plague Commission have since borne out and emphasised should at the same time have been organised and put into force. These views were later fully supported by a deputation of the Royal College of Physicians of London, headed by its President, Sir RICHARD DOUGLAS POWELL, which waited on the then Secretary of State for India in July, 1905. It was pointed out by this deputation that the calamity in India, in the proportions which it had already attained in 1905, was comparable to the most terrible pestilences recorded in history, not excepting the plague of 1348, often called Black Death, which completely altered the social conditions of England and of other parts of Europe ; and that the continuance of plague constituted a danger not only to the affected provinces in India but also to the rest of India and to the Empire. It was further pointed out that as the epidemic continued the social and economical disorganisation which followed former great epidemics of plague was likely to recur. The deputation left with the Secretary of State for India a memorandum on plague, setting forth these views and commending the organisation of a specially trained sanitary service for India. It was recognised that some time must elapse before such a service could be fully at work, but Mr. MORLEY's recent answer to Dr. V. H. RUTHERFORD's question in the House of Commons must have come as a painful surprise to all those interested in the welfare of India and of the Empire. Mr. MORLEY announced that no scheme had yet been formulated. It is doubtful whether the Government of India has ever realised its grave responsibility in this matter of plague and it cannot be congratulated upon having awakened to it even now. It does not seem to have occurred to the Government of India or to the India Office that the ordinary routine in which it takes years for a proposal to be considered and to be adopted cannot apply to schemes against plague. During the time in which the Government of India is

supposed to have been prepared an organised campaign against plague over a million people have died, many of whom, we believe, could well have been saved. It is not oriental procrastination or slow formulation of schemes but action that is required; not resolutions, of which there have been many, but money and machinery.

Perhaps, now, when there is so much unrest in India, which is doubtless due to several causes, political and otherwise, but not least among which are the pathological, social, and economical conditions arising from the annual devastations of plague, action will be taken quickly. When people are dying in such immense numbers their relatives, friends, and compatriots are prone to think that any order of things other than that existing will be better for them, as it may give them relief from their sufferings and distress; they are not at such times in the mood or condition of mind to be very particular as to the manner in which they may exhibit their dissatisfaction and longing for change. The appalling state of things in India and the sufferings of our Indian fellow subjects are only faintly represented by the figures which Mr. MORLEY has given to the House of Commons. In January of this year there were 58,000 deaths from plague, in February there were 98,000, in March 171,000, and in April 314,000, making a total of 641,000 deaths for the first fourth months and a grand total of 5,326,000 deaths approximately since the plague began in 1896. The shudder that must have gone through the House on the announcement of these figures may be imagined, for not one of its Members, not even the most prosaic or unimaginative among them, could shut his mind's eye when the veil was lifted for a moment; all must have pictured the scenes in that distant country the inhabitants of which are dying in their thousands in the agonies of plague. And yet it is safe to say that few of the Members knew that plague existed in India in epidemic form in any unusual proportions. For ten years they have been hearing references to plague in India, and they have become like the public ready to regard the condition as normal and irremediable. The suggestion made two years ago that the India Office should publish regularly in the English public press the plague returns for India seems for some unexplained reason not to have been carried out for more than a few weeks in 1905. What motive has lain behind this alteration of policy?

We trust that now that the magnitude of the devastation is known no time will be lost in organising the special service recom-

mended two years ago. It is obvious that a small service like the Indian Medical Service cannot cope with plague in India at its present dimensions. Those employed perform their duty with courage, skill, and devotion—indeed, with a blend of those qualities which should make us proud of the service; but if the whole of that service and also the whole of the Royal Army Medical Corps in India were detached from their civil and military duties and put on plague work they would be insufficient to deal with the present epidemic. A special service commensurate with the situation must be created to carry out inoculations and other plague measures. When that service is created and properly directed it is to be hoped that there will be an end to the policy which has discarded responsible medical advice since plague began and which has been so detrimental to the true interests of India. A special plague service will cost money, but it will be conceded that better use could not be made of a portion of the surpluses in the Indian revenue. For the past nine years there have been exceptionally large surpluses. Economy cannot be pleaded; motives of humanity insist that a vigorous attempt to deal with the appalling loss of life in India should be forthwith set on foot; we do not attempt to speak with the exceptional knowledge of statesmen, but it seems to us that every thoughtful citizen will agree that motives of political expediency call as loudly as those of humanity for action."

It has been accepted by all responsible persons that the devastation of plague is a fruitful cause of the unrest in the Panjab, though certain interested authorities reluctantly admit it. The Malkowal tragedy and the continued disaster from mortality have sounded a death knell to the Haffkine inoculation as well as to the pet theory of rat dissemination. Careful observation has decided that the Government of India wasted large sums without any advantage. Add to this unrest, the political, social and sanitary failures whose creators are petted and fondled by that ostentatious big man the present Secretary of State for India. To these irritations the deportation is added. Are these not sufficient causes of exasperation? Plague which is a remediable disease remains without any scientific obstruction. Famine which is becoming worse every year, finds no barrier by the settlement of economic problems. We want relief from devastating diseases and ask for bread to appease our hunger. In reply, we get the stone of British prestige for medicine and food. These are, surely, enough compensations to satisfy us.

Malta Fever.

A LESSON IN PREVENTIVE MEDICINE.

Nature of May 30, has given the interesting account of the propagation of Malta fever thus:

"Situated in the midst of the Mediterranean, swept by all the winds of heaven, and enjoying brilliant sunshine for several months in the year, the island of Malta should be one of the healthiest of places. Its freedom from swamps or standing water of any kind protects the island from that scourge of warm climates—malaria. For many years past, however, Malta has suffered from the prevalence of a serious local fever, of a most persistent character, which has been the bane of the island, and particularly of the garrison; for a large fraction of the naval and military forces has been constantly incapacitated by this disease. Every year some 650 sailors and soldiers have fallen victims to it, and, as each patient stays on an average 120 days in hospital, this gives a total of about 80,000 days of illness per annum. Moreover, most of these men have to be sent to England to recover their health, and the consequent expense has involved a very considerable loss in money to the Government.

This fever appears to be widely distributed in the world, but is most familiar to us in its incidence around the coasts of the Mediterranean. On the island of Malta it has worked its worst ravages, and hence the name of Malta fever, by which it is best known.

Now, however, all this has been changed by a simple application of the discoveries of science, and widespread gratification will be given by the intelligence, furnished in recently published reports, that since June, 1906, when the new preventive measures were put into practice, Malta fever may be said to have practically disappeared from the garrison of the Island Fortress.

What are these preventive measures, and how has this result been achieved?

The serious ravages of Malta fever made it desirable that a searching investigation should be taken in hand. In 1904 the Royal Society, at the request of the Admiralty, the War Office, and the Colonial Office, undertook to investigate the causes of this fever, and sent out a small commission to Malta for that purpose. This commission, which consisted chiefly of Army and naval medical officers, has been at work for three years, under the supervision of a committee of the Royal Society, and has only lately

completed its labours. It is unnecessary to describe the details of the three years' work; it is enough to say that every likely line of research was followed in order to discover how man becomes infected by this disease. So long ago as 1887 an Army medical officer discovered that Malta fever is caused by the entrance into the body of a minute bacterium, which was named the *Micrococcus melitensis*. This microbe was studied from many points of view, but with no success until a discovery was made which cleared up the mystery. This was the remarkable fact that the goats in Malta are susceptible to this disease, and act, as it were, as a reservoir of the virus. In truth, it is probable that Malta fever is primarily a disease of goats, and that man is infected from the goat, not the goat from man. The goat is very much in evidence in Malta, there being some 20,000 of them, which supply practically all the milk used in the island. It was discovered by the commission that half these animals are affected by Malta fever, and that one-tenth are constantly passing the *Micrococcus melitensis* in their milk. Notwithstanding that the goats show no outer signs of the disease, they continue, possibly for years, to secrete milk containing the poison.

It seemed evident, then, that to banish Malta fever from our sailors and soldiers on the station, all that was required was to eliminate goats' milk from their dietary. This step was taken in June, 1906, with the striking result that the cases of fever fell to one-tenth of what had been their normal number. There is, therefore, reasonable hope that this disease will now disappear from the garrison in Malta, and some 80,000 days of illness be blotted out from the yearly records of the Navy and Army.

If these good results are maintained, this investigation will stand out as one of the most notable examples of successful work in the prevention of disease, and will clearly show the economy of spending a few thousands on a thorough scientific investigation.

The research occupied some time, and from first to last employed some twelve men, but the outlay in time and money are as nothing to the result achieved."

The cause of the Malta fever is the microbe *Micrococcus melitensis*. It has been further ascertained that drinking of goat's milk propagates the disease as goats are generally affected by it.

In comparison to the above fact, the theory of plague disseminated by rats has assumed the proportion of hypothetical chaos. It has never been suggested or proved how rat is capable of spreading

plague. It is surmised that the fleas of affected rats propagate plague. Even there the belief remains a suggestion.

Hemiplegia without lesion of the Pyramidal Tract.

The *Lancet* June 1, has the following :

"The association of hemiplegia of organic type with a lesion of the pyramidal system in some part of its course is one of the most definitely established facts in neuropathology, and according to Probst no case of organic hemiplegic paralysis without such a lesion is on record. A case observed by Dr. Spielmayer of Freiburg and described by him at the meeting of the neurologists and alienists of South-West Germany held at Baden-Baden is therefore of very great interest in this connexion. Clinically the case appeared to be one of genuine epilepsy with characteristic convulsions. The patient, who was originally an intelligent woman, gradually became weak-minded and stupid. There were not at any time Jacksonian fits or any post-epileptic paralyses until two years before death (which occurred at the age of 41 years) when after an attack of status epilepticus a left-sided hemiplegia developed. This showed the typical characters of a cerebral lesion and followed the usual course of that condition. It was therefore supposed that a hæmorrhage into the internal capsule had occurred. At the necropsy no trace of such a lesion was found, nor did a most careful microscopical examination bring to light any lesion of the fibers of the pyramidal system in the pons, medulla, or spinal cord which presented identical characters on the two sides. It was found, however, that the whole of the right hemisphere was atrophic, especially so in the neighbourhood of the fissure of Rolando. Specimens prepared from the ascending frontal convolution and stained by Nissl's method and by Weigert's neuroglia stain demonstrated the replacement of the cellular layers by neuroglia with the exception of the layers of giant pyramidal and large pyramidal cells which in number, arrangement, and structure were identical with those of the sound side. It is well known that these cells are the trophic cells for the pyramidal fibers and the absence of any pyramidal lesion was therefore explained. From the examination of the cortex cerebri it would therefore appear that the hemiplegia in this case owed its origin to a lesion of the sensori-motor path beyond the upper motor neuron. It is interesting in this connexion to recall the experiment of Mott and Sherrington who showed that after

section of all the posterior roots entering into the formation of the brachial plexus in monkeys the arm was paralysed, although the pyramidal tract was intact and was excitable to subsequent stimulation. It would have been of interest to know whether in Dr. Spielmayer's case the paralysed side was convulsed in fits occurring subsequently to the hemiplegia. The case is noteworthy, not only on account of its rarity but also because of the care with which it was worked out and the suggestive nature of the conclusion arrived at."

A few years before a case was placed under our treatment which began with epileptic fits with unconsciousness and ended in hemiplegia. The anomalous case could not reveal its pathological importance as no necropsy could be performed. So far it was sure, that it was not an ordinary case of epilepsy or hemiplegia. The above mentioned case of Dr. Spielmayer imparts a new light to the causation of the disease. There was no lesion in the whole length of the pyramidal system in the pons, medulla or spinal cord but the right hemisphere was atrophic, especially near the fissure of Rolando. The cellular layers of neuroglia, except those of the pyramidal cells, of the ascending frontal convolutions were atrophied. As they are the trophic cells from the pyramidal fibres, the cause of the disease could be explained without the pyramidal lesion.

Variation in Blood Pressure.

The *Medical Times* has the following interesting note in its publication of the month of June:

"Hare (*Therap. Gaz.*, February, '07) wonders whether high tension may not be designed by nature to drive blood through narrowed vessels to distant parts for their proper nutrition. If we lower pressure by relaxation of the larger arterioles and arteries we starve proximal tissues. Again, in many cases of high tension the heart has undergone compensatory hypertrophy; and this increased power and the high tension help to feed the heart muscle itself through the coronary vessels and those of thebesius. The normal heart is designed to beat against a pressure of 100 to 140 millimeters of mercury, and nothing exhausts a heart so rapidly as to beat excessively because of low pressure. Very often the hypertrophied heart of high tension may be considered to have established for itself a new standard of pressure (say of 130 to 170); and if we reduce this we may produce a state as abnormal as is a pressure

below the true normal. In studying high pressure it is not sufficient to study the pressure alone; we must study the whole cardiovascular apparatus. We must prevent an increase in tension; but we must not reduce tension simply because it is high, unless the heart cannot stand the stress or the pressure is so high and the vessels so fragile that rupture is threatened. Here consideration is unwise to prescribe drugs simply because of vascular tension, either high or low."

The blood pressure is the important point in clinical study. In many acute diseases at first there is tension, but it is followed by arterial relaxation or insufficient supply. In those cases, we would not be justified in lessening the arterial tension. In cases of arterial relaxation, it is our duty to inaugurate tension, so that blood can reach the distant ends. In chronic cases, arterial tension means the same effort to propel blood to the distant parts. The high tension obliges the heart to work with great effort and consequently compensatory hypertrophy of the heart ensues. Arterial tension with rapid feeble pulse indicates the preliminary operation to the final relaxation before death. In other words it is,

কৌণে বলবতী নাড়ী সা নাড়ী প্রাণ হাডিকা।

In extremely weak health high arterial tension with frequency causes death.



CLINICAL RECORD.

Foreign.

SOME EAR CASES.

BY ARTHUR A. BEALE, M.B., C.M.

Anæsthetist and Clinical Assistant, Ear, Nose and Throat Department, London Homœopathic Hospital.

CASE 1.—E. F., aged 32, January 17th, 1907. This patient was a bright-looking girl, who had previously followed the occupation of dressmaking at Peter Robinson's, but owing to business worry four years ago had a breakdown which affected her eyesight and started serious frontal headache, described as neuralgic in nature. She had very serious deafness, worse on right side, which greatly inconvenienced her, and tinnitus resembling "the rushing of the sea" (this trying symptom had been her constant companion for seven or eight years). There had never been any discharge, and pain *nil*.

The watch test showed on the left, 4 inches, air conduction + ; on the right side, 2½ inches, bone conduction + .

Examination discovered on the *right side* membrana tympani pearly white, thickened, and the cone of right broken ; on the *left side*, more or less normal in appearance, but slightly retracted.

Treatment.—In all these cases I find a regulated diet most helpful, and in this case I ordered wholemeal bread, milk, fruit or greenstuff or porridge for breakfast. Meat and vegetables, or fish or poultry, varied with a vegetable soup, for dinner ; and a third meal with wholemeal bread and butter, fruit, or milk pudding and occasionally meat or fruit, for about 6, at the same time cutting off what I have invariably found harmful : strong tea, coffee, spirits and malt liquors, salted fish and meat, confectionery and pastry, and all sweet and sugary things, together with white bread.

Regarding medicines, all the symptoms indicated *ferr. phos.*, and as there had been a clear history of anæmia I decided on *ferr. phos.*, 6x. Politzer's bag used.

January 21st.—No noises ; says hears better ; no headache. Continue *ferr. phos.*

January 28th.—Has had no noises till yesterday, when they returned slightly. Watch test, right 8 inches, left 7 inches.

February 4th.—Headache better; no tinnitus. Politzer. Continue *ferr. phos.* 6x.

February 11th.—Noises and headache returned for a time; hearing better; right 18½ inches, left 27½ inches. Repeat.

February 18th.—Says much better, noises gone, thinks hearing better. Watch, right 27 inches, left 32 inches, Politzer. Continue *ferr. phos.*

February 25th.—Says very much better, has had no noises since 10th; no headache, feels better herself. Watch, right 38 inches, left 52 inches.

On examination the right membrana tympani almost transparent. Cone of light normal and unbroken, the malleus handle slightly prominent. Left side not so transparent but healthy. Continue *ferr. phos.*

March 11th.—Has had a cold, probably influenza. Watch shows depreciation of hearing, right 21 inches, left 19 inches.

March 18th.—Recovered hearing. Watch, right 38 inches, left 52 inches.

May 6th.—Feeling very well; no return of headache or noises; health excellent. Continue *ferr. phos.*

All through this patient has had the one medicine, *ferr. phos.* 6x, and we are both satisfied with the result.

CASE 2.—W. C., school teacher, aged 26, came to me on December 17th, 1906. Has had chronic suppuration of ear: now is dry. There is a perforation in the posterior lower quadrant which shows signs of healing. Complains of pain behind ear. This patient was put on a diet similar to Case 1. *Capsic.* 3.

December 31st.—Since coming the pain behind ear better, but has had great pain in the ear itself. The meatus is full of curdy pus: there has evidently here been a history of fresh suppuration and bursting of the membrana tympani. *Bell* 3x.

January 17th.—No further discharge.

January 31st.—Meatus quite clean and free from pus. There is a large opening in the drumhead. Continue *bell*.

February 14th.—Has had more pain and tinnitus. *Sabadill* 3.

February 28th.—Has had much discharge and consequent deafness. Boric powder inflated, and for medicine *mer. cor.* 3x. t.d.s.

March 31st.—Less discharge, but has throbbing headache. *bell.* 3x.

April 18th.—No more discharge, no pain for a long time, though still has headache. She complains of rheumatic pains. *Bryon.* 3x.

April 25th.—Very much better; no headache, no pain, no discharge, hearing excellent. Membrane clean and healing.

CASE 3.—V. C., aged 20. Sister to above. Also came to me on December 17th, complaining of discharge from left ear and deficient hearing; has constant headaches, worse in the evenings, which felt like knives cutting from vertex down through the temples.

Watch test: right normal, left *only on contact*. On examination, the membrana tympani shows thickening and granulation, with perforation. Ordered inflation of *boracic acid powder* and *calend. Arsen. iod.* 3x, t.d.s.

This patient showed also general weakness, lateral curvature slight, and heart sounds muffled. *Diet* similar to the last.

December 20th.—No discharge. Watch on left side 6½ inches.

December 31st.—Very much better, no discharge. Watch heard, left 9¾ inches. Repeat *ars. iod.*

January 10th.—There is still the appearance of granulations, but no discharge. Hearing, left 18 inches. Politzerised.

January 17th.—Feels better, health very much better; heart sound normal. Watch 26 inches.

January 24th.—Hearing, watch 28 inches.

January 31st.—Still progressing, no discharge. Repeat *ars. iod.* 3x.

February 14th.—Watch test, 40 inches.

March 21st.—Has had throbbing headache at back of head and pains behind ear. *Bell.* 3x, 4 t.d.s.

April 4th.—Headache gone, hearing quite recovered. Repeat *arsen. iod.* Still under treatment.

I attribute a great deal of the good results in these cases to the regulation of diet, and especially the cutting off of Saccharine and ultra-starchy food, as white bread and confections. If the cases were very persistent I should feel great confidence in restricting the diet to all meat for a time, as a complete or modified Salisbury: this is not often necessary in these cases.—*The British Homœopathic Review*, June, 1907.

A SULPHUR CASE.

G. A. MELLIES, M. D., St. Louis.

"Doctor, I have brought my sister for you to treat; you have treated my brother so successfully some two months ago, that I want you to see what can be done for my sister." On inquiring who her brother was, recalled to my mind a case of a young man, Mr. B, aged apparently twenty-five years. On looking up the history of the case I found the following record: Has been sick for two weeks, sharp pain in left side of chest, worse on breathing or coughing, gradually increasing difficulty of breathing till at present time, respiration very difficult, fifty per minute, pulse 160, temperature 101° F., cough short, no expectoration, skin dry, lips and fingers bluish, sleeps only in short naps, appetite poor.

PHYSICAL EXAMINATION OF CHEST.

Inspection.—Bulging of intercostal spaces of left side. Respiratory movements limited to right and total absence of in left chest.

Mensuration.—From a point in the median line posteriorly to a point in median line anteriorly—the left side measured eighteen and one-half inches, right side seventeen inches, no expansion on left side, one inch on right.

Percussion.—Distinct flatness over left chest lower and outer aspect dullness, extending two inches to right of median line anteriorly.

Auscultation. Respiratory murmur absent on left side. Heart sounds muffled, apex beat 5th intercostal space one and one-half inch to right of sternum. Second cardiac click normal position.

Prescribed: *Bryonia alb.* 2x.—Two days later—patient reported feeling some easier, less cough, continued remedy two days longer, reported no further improvement—temperature, pulse, respiration as at first examination.

Prescribed *Sulphur* 200x and advised that patient be taken to hospital, as the sanitary surroundings were not favorable to the recovery of a case of this nature, and advised that the pleural effusion be drawn off.

From this time I had not heard from my patient till the foregoing conversation as reported about seven weeks later.

Inquired as to the condition of Mr. B. and was informed that he was well and that he had not been taken to the hospital as I advised, but, she stated that after the last prescription (that is *Sulphur* 200x), he rapidly improved until now he was entirely well.

I requested that Mr. B. call at my office to permit me to make an examination to determine how near he was well. On such examination I found the chest movements, right and left, equalized menstruation, equal apex beat one inch to right of left nipple 6th intercostal space—area of dullness 7th to 9th rib in axillary line—patient recovered full strength. Respiration 24—pulse 90—temperature 98° F., appetite good, no cough or expectoration. *Sulphur* completed the cure.—*Homœopathic Envoy*, May 1907.

EXTRACTS FROM REPORTS OF THE PRACTICE OF
PROF. TOMMASO CIGLIANO, OF NAPLES, IN THE
HOMEOPATHIC DISPENSARY, MARCH, 1905.

Translated by EDWARD RUSHMORE, M. D., Plainfield, N. J.

CASE I. Chronic headache. R. G., aged 35. Left-sided headache for a year, with oozing of blood from the scalp and leucorrhœa. *Sepia* 30 (10 drops in 10 papers) one paper every morning and afterward *Atropinum* 30, (20 drops in 10 papers) one paper every evening, cured the malady, which after six months returned but recovered with the same treatment.

CASE II. Chronic headache. E. J., aged 16, type slender, daily headache with copious menses, twice a month since the beginning of development at 13 years. *Kalibichrom* 100 (10 drops in 10 papers) a paper in the morning regulated the menses as to quantity and time, and cured the headache.

CASE III. Chronic headache. G. D., aged 39. Headache with debility, aggravated by copious menses recurring two or three times a month. *Phos. acid* 30th, ten globules in the evening and vaginal irrigation with hot water cured her in a short time. For three months the functions have been regular.

CASE IV. Hemisrania. L. C., married, mother of ten children. Two years ago had a severe hemorrhage. After the last confinement had anemia and is constantly anemic. Has nursed child eleven months. Suffered always with hemisrania. Came to the dispensary in the last paroxysm. The pain begins in the occiput and spreads as a sense of cold over the vertex and head, is accompanied with constipation and is worse in the evening. *Castor equorum* 6th (10 drops in 6 powders) cured her after the first paper, and also the constipation completely disappeared. The attacks returned every month. I saw the invalid after a year ruddy and in good health, and she assured me that she had had no attack of headache

since the treatment. The cure of hemiorania is a much desired object in all methods of treatment, but is attainable only by Homeopathy. I cured another case with Rubini's Mercury in a man of fifty who had suffered for twenty years, had not had syphilis (cortic disease) but was an obstinate smoker. After the cure he became and remains devoted and faithful to Homeopathy, and has renounced the practice of smoking.

CASE V. Chronic headache. Type leading to nasal scrofula. Had typhoid when infant. Daily school headache for more than a month, with periodical exacerbations, worse on the right side.

The cause of the disease was excessive efforts of abstract memory without comprehension. Cedron 60, 5 drops in six papers relieved him at second dose, while the other four made him worse. Placebo for four days and mental rest completed the cure.

CASE VI. Headache. R. P., aged 20, type slender, inveterate headache on left side. Zingiber 300, 5 drops in six papers, one every two days cured her of hemicrania.

CASE VII. A. C., aged 39, barber, smoker. Hemicrania from the age of 15, growing constantly worse, either daily or twice a week and accompanied with constipation. Always free from pain in evening and at night. The pain was often limited to the right side of the forehead. Natrum mur, 1000, 5 drops in six papers, one every two days cured him, removing the constipation. The same remedy, but a paper every four days completed the treatment. During the treatment he reduced his smoking from three cigars to one daily.

CASE VIII. Frontal Neuralgia. M. G., aged 25, employed in a tobacco factory for 18 months; of good constitution and regular functions. Neuralgia of left side of forehead for fifteen days. Has two carious lower molars. Zingiber 300 did not help, while Plantago Major 6th, 2 drops in the evening cured her. It is clear that the malady was caused by tobacco, which is antidoted by Plantago.

CASE IX. Hemiplegia. M. V., aged 54, good constitution, had wandering rheumatism in the larger joints for a long time. Two years ago was struck with apoplexy, with hemiplegia of left side and loss of consciousness. After all the allopathic treatment he remained hemiplegic and in this state came to the dispensary. There was torpor of limbs, and pains around heart or left side. The characteristic was a pain like a contraction of the root of the nose more toward the left side with great stupefaction and difficulty

of mental exertion. He was worse in the morning with change of weather. Aortic murmur. Cerebral embolism. Nicotum sulph. 8th, one paper a day, commenced to help him from the feet upward and then from the fingers to the arm, while the headache yielded gradually in 70 days. After two years I saw the patient; pleased with the treatment, but the murmur remained.

CASE X. Hemiplegia. R. V. M., aged 67. Attacked suddenly with hemiplegia three months ago, on the right side without loss of consciousness or speech. The heart sound. Cicuta vir. 30, 5 drops in six powders did not help her. Sedale cor. 30th helped her from the first dose, but later aggravated, causing transient pains in the right lower limb, now in the hip, now in the thigh, now in the foot. The pains sometimes also affected the heart. The abdominal functions became healthy whereas in the beginning of the treatment she was somewhat constipated. Urine normal. Socale cornutum 200, at rare intervals, completed the cure.

CASE XI. Chronic Headache. G. V., aged 26. Iron worker. Headache for eight days in consequence of suppressed perspiration, relieved on going to bed, and on certain days complicated with a slight fever which passed off with perspiration. The headache was attended with pains in all the body. Chamomilla 1000, two powders daily. After the first day the pain was relieved and cured after four days. Characteristic, repelled sweat.

CASE XII. F. C. Severe pain in the right supraciliary arch., extending to the zygomatic arch., and with right sided headache involving the right nostril. Zingiber 300 relieved. The characteristics of the pain was the aggravation on going to bed towards 8 o'clock. The relief began in the preorbital region where there was a slight swelling, which disappeared in due course.—*The Medical Advance*, May 1907.

SHORT CLINICAL NOTES.

By THOMAS SIMPSON, M.D.

The frequency with which tumours of the breast are summarily removed by the surgeon's knife justifies us in stating that in most instances such summary extirpation is unwarrantable. Recently a lady, aged 43, showed me how her fears had been aroused by her doctor declaring that "a lump in her left breast had the appearance of malignity about it," and he advised its removal, though she had the other breast amputated two years ago. She exhibited no signs of

cachexia, had no pains, no heritage of cancer, and was in perfect physical health. She asked for a prescription, and having carefully compared notes I gave her *merc.* 6, grs. ii., every evening. The swelling vanished after nine weeks' treatment and her health is now satisfactory.

CASE 2.—A child, aged 6, of poor parents, had numerous vesicles on the nape of neck, some matured into scabs, with swollen glands in the vicinity, foul tongue and poor appetite. *Merc. sol.* 6 every evening for seven days, then *petroleum* 3 for seven days; in fourteen days the eruption had died away entirely. The only application was vaseline externally.

CASE 3.—Young woman, aged 22, applied to me for a cough which disturbed her sleep. Emaciation, heart palpitation from mitral obstruction, and dyspnoea on exertion, voice feeble and anæmia. *Ferrum phos.* 3, grs. ii., each night, fourteen doses, followed in a week by *arsen. iod.* 6 each evening. These drugs caused all her discomfort to vanish, menstruation was restored, and health improved.

CASE 4.—Town waiter, feels a tumour in scrotum, which wearies him when walking. Examination showed that hydrocele of the cord was present. *Rhododendron* 6 seemed to clear it away in three months. A suspensory bandage was worn at the same time.—*The British Homœopathic Review*, May, 1907.

Gleanings from Contemporary Literature.

HOMEOPATHIC TREATMENT IN SURGICAL DISEASES.

This form of treatment can only be carried out successfully by a homeopathic physician and surgeon. It has been defined by one of our homeopathic professors as follows :

"A homeopathic surgeon is one who adds to his knowledge of surgery a special knowledge of homeopathic therapeutics, and practices his calling in conformity with that knowledge."

A distinguished Edinburgh professor of the old school once said : "A pure surgeon is a man who prides himself on his knowledge of cutting, and his ignorance of everything else." This is the difference between a homeopathic surgeon and an allopathic surgeon.

First to consider the Homeopathic treatment of wounds. A remedy very frequently neglected in surgical practice is *Hypericum*. We are taught to regard it as the *Arnica* of the nerves, and to look for a nerve injury where it should apply. A noted surgeon of our school once said that he "could not get along without *Hypericum*." He said he gave it in all cases of *irritable wounds*, and found that it worked magically in allaying irritation in *wounds of the superficial structures* made by the knife.

That is the keynote of its action, "wounds of parts each in sensory nerves," hence it is more applicable to some parts of the body than to others. Yet no matter where the wound, if there be an intense hyperæsthesia of the parts, so much so that even though the deeper structures be incised, the patient complains of great sensitiveness of the external wound, give *Hypericum*. It suits the nervous depression of these painful wounds, and it is a preventive of the condition called tetanus. It does not matter whether this disease is caused by germs or not ; if so caused it will remove soil upon which these germs thrive, and so act beneficially. Often times there is a great nervous excitement following operations, besides the painfulness of the cut, which is lessened by *Hypericum*.

Hypericum is an every-day remedy in surgical practice. It is the most beneficial in cases of crushed fingers, applied both externally and internally.

Staphisagria is another remedy closely allied to *Hypericum*. Its special field seems to be in pains following abdominal operations, laparotomies, etc. The colic after operation for stone in the bladder, is often speedily benefited by a few doses of *Staphisagria*.

The remedy in most frequent use by homeopathic surgeons is, no doubt, *Arnica*. Its use is an old one. An old and celebrated German surgeon and oculist recommended its use after every operation on the eye ; an application that seems reasonable, for the delicate structures of the eye are rich in capillaries, and injuries to these form the special field of this remedy. We all know the value of *Arnica* in injuries of the soft parts, contused wounds with hot, hard, shining swelling of the affected area. Another great use of *Arnica* is its power to delay and prevent suppuration. It will prevent pyæmia, and some believe that it exerts a specific action upon septic poisoning. After fractures of the bones of the limbs it is useful, when the limbs start a continuous jerking, with great soreness and sensitiveness of the parts.

In the field of septic poisoning *Rhus*. stands next to *Arnica*, and with a more pronounced action. This remedy presents in its pathogenesis a perfect picture of blood poisoning, or infection. The lymphatics and glands are the structures where sepsis is manifested, and it is here that the remedy has a special affinity.

It has a great affinity for the fibrous tissue, hence its value in the treatment of ligaments after dislocations. It must not be forgotten in the febrile disturbances of the pyemic state, and, as the prostration of the patient increases, and as we approach the *Arsenicum* state, the less is its value.

Another remedy for sepsis is *Lachesis*, and its use in poisoned wounds has been known for years. It is indicated by the purplish color, the sensitiveness, the great burning, and an unhealthy appearance about the wound. Great satisfaction is obtained from it in abscesses, boils and carbuncles, where they tend to become malignant; also in gangrene following wounds. Compare *Baptisia* *Echinacea* *Pyrogen*.

The homeopathic treatment of inflammation, suppuration, ulceration or gangrene is very well known, the traumatic pathogenetic indications are precise, and the remedies are used by all physicians and surgeons of our school.

Various theories have been advanced by our pathologists, from time to time, regarding these conditions, but the indications for our homeopathic remedies never change.

In the treatment of bone diseases we have a certain set of remedies which belong almost entirely to the surgical side.

In fractures, *Calcarea phos.* has done wonders, especially in those cases where there is non-assimilation of the phosphate of lime. In rickets, osteo-malacia, etc., it is a valuable remedy.

In caries we have *Aurum* and *Asafetida*, and what surgeon could do without *Fluoric acid*, *Calcarea fluorica*, *Platinum* and *Strontium*. These remedies are especially necessary to the surgeon.

Upon approaching the treatment of tumors, and the like, there has been much discussion in the past as to whether they belong to the surgeon or the physician. From my short practice, observation in such cases has led me to believe that both methods are applicable in a great many cases, while in others they each stand alone with no necessity of combination.

Pliny states that the leaves of *Conium* keep down all tumors, and *Stoerck* found it very useful in curing ulcers, scirrhus, etc. It is of great value in the tuberculous, scrofulous and cancerous diatheses.

One of our eminent men has said: "if there be any one thing that is certain in the domain of homeopathic therapeutics, it is the power of *Conium* in the 30th to cure certain lumps in the female breast, and especially those which are of a suspicious character." Of course the indications must be present, and these are: The tender glands, the "piercing pains," "fugitive stitches here and there," etc. It is more especially indicated if the lump dates from some "blow or injury." *Conium* has its special field upon the glandular structures, hence it is especially useful in breast cases. Cancers of the breast, lip and stomach are very frequently checked, and afterward cured by *Conium*.

Another remedy often thought of in cancer is *Hydrastis*, it being palliative, if not curative. The great debility, the emaciation, the cachexia, are all found in the pathogenesis of the remedy. In cancer it removes the pain, modifies the discharge, and improves the general health to a marked degree.

In curing tumors by remedies one must follow out the law of selecting the remedy for the *patient*, rather than for the exact pathological state, and it must be borne in mind that as these conditions are always slow in developing, they are as a rule slow in curing.

Other useful remedies in tumors are *Calcarea fluorica*, *Baryta carb*, *Arsenicum*, *Clematis*, *Phytolacca* and *Kreosote*.

Calcarea fluorica is indicated where there are knots, kernels, or hardened lumps in the female breast, indurated glands of stony hardness, enlargement in the fascia and capsular ligaments. *Baryta carb* seems to have a peculiar action, by very often removing fatty tumors.

Arsenicum is used more in cancerous tumours where there are present sharp, lancinating or burning pains.

Phytolacca is another remedy used for suspicious lumps or tumors in the breasts. Nash says: "Give a dose once a month during the wane of the moon, and it will cure." He does not know what the moon has to do with it.

Kreosote is a great remedy in cancerous tumors of the uterus, where there is an awful burning in the pelvis, as of red hot coals, with discharge of clots of foul smelling blood. It is indicated in tumors of the breast when they are hard, bluish-red, and covered with scurfy protuberances.

In the treatment of hemorrhoidal tumors we have several great remedies. *Nux vomica* is indicated in itching hemorrhoids, which keep the patient awake; in bleeding piles with ineffectual urging to stool.

Collinsonia, where there is a sensation of sticks in the rectum, constipation, with prolapsus uteri.

Aloe, where the hemorrhoids protrude like a bunch of grapes, after stool, and are relieved by the application of cold water, and aggravated by motion.

These last two remedies differ mostly, in that *Collinsonia* always has constipation, and *Aloe* diarrhea.

Aesculus relieves hemorrhoids accompanied by a feeling of dryness in the rectum, as though little sticks, splinters or burrs were sticking in the mucous membranes. They are purple in color and accompanied by backache, a feeling of fulness in the rectum as if it would protrude: the stools are loose.

Ratanhia is sometimes used in hemorrhoids where we find the symptom: "The rectum feels full of pounded glass" with aching and burning in the anus for hours after stool.

Sulphur usually comes later in this condition, when the hemorrhoidal flow becomes suppressed, and reflex troubles arise, or after ointments or surgical operations.

THE TREATMENT OF SHOCK.

Homeopathy again shows itself pre-eminent in the treatment of surgical shock. Take for instance, *Veratrum album*. How perfectly its pathogenesis corresponds to a case of shock, the coldness of the extremities, the pallor of the face, the relaxed muscles, the imperceptible breathing and the hippocratic countenance. Those who rely on it know it is safer than strychnine injections, and not followed by later reactions to retard the patient's recovery. Patients are often over stimulated with strychnine. If cardiac stimulants, spinal stimulants and saline injections were replaced more frequently by good Homeopathy, the patient would recover better and quicker; in fact, would have more chance of recovery. By this I do not mean to never use a saline injection, for I

think it is one of the best things in collapsed states, but I *do* mean do not forget your homeopathic remedy. Other remedies in shock are Carbo veg. Arnica, Camphora and Cinchona, especially after much loss of blood. Veratrum is probably more often indicated than any of the other remedies.

Mentioning a few generalities, we find that there are a great many other places where the homeopathic remedy will aid the work of the surgeon. In threatened uremia after abdominal operations with renal pains along the uterus to the bladder, and a desire to urinate, with the passage of a few drops only, Apis will often relieve, and thus prevent a hypodermic of pilocarpine.

Cimicifuga will often relieve the backache following gynecological plastic surgery.

Bryonia is useful in thoracic complications as a result of the anesthetic.

Antimonium tartaricum is useful in the bronchial irritation following ether.

The surgeon should always be equipped with the reconstructing remedies such as Sulphur, Cinchona, Calcareo phos., etc.

A most common trouble showing itself after operations is flatulence, and we have some very useful remedies to combat this in Lycopodium, Cinchona, Nux, Carbo veg. etc.

The foregoing is what Homeopathy can do for surgery. If time could be taken we would find that a majority of our remedies in the *Materia Medica* could be applied in surgical cases, but what I have said has merely been suggestive of the most common ones.

The homeopathic surgeon has a valuable aid which the allopathic surgeon does not possess. There is such a thing therefore, as homeopathic surgery, and there are such beings as homeopathic surgeons, and they should be the best the world produces.

C. T. GRAHAM, Rochester, N. Y.

The subject was presented for discussion.

Dr. Hoard complimented the paper.

Dr. Hermance had noticed that Ratanhia produced much itching in rectal troubles, as well as burning, etc.

Dr. Fritz mentioned the characteristic sensation, "as of a chestnut burr in the rectum," in Aesculus, the horse-chestnut, and thought he had noticed many times in the proving of remedies, symptoms pointing to the individuality of the drug as in this case.

Dr. Leggett referred to Hahnemann's description of the uses of *Conium maculatum* in the Lesser Writings, and had attributed its failure in so many cases of cancer as due to a misunderstanding of its sphere of action. Hahnemann, after pointing to the fact of ptyalism produced by *Conium* as "probably due to an excitant action upon the lymphatic system, and so of advantage in excessive action of the absorbent vessels;" also pointed to the fact of its "producing pains in large doses, violent, pains in glands." He conceived it possible for it to be the best remedy in painful indurations of the glands in cancer, in painful nodes from abuse of Mercury, curing this particular kind of chronic pain, and dispersing "the glandular swellings themselves," when they either have their origin in excessive local or general activity of the lymphatic vessels, or occur in an otherwise robust frame, so that removal of the pains is all that is needed to enable nature to cure the complaint herself. "Painful glandular swellings from external injuries are of the same description."

But, he goes on to say : "In true cancer, where the opposite state of the glandular system, a sluggishness of it, seems to predominate, it must certainly do harm on the whole, (it may at first sooth the pain), and especially must it aggravate the disease when the system, as is so often the case, is weakened by long suffering."

Dr. Fritz mentions its usefulness in diseases to which "old people" are often subject.

Dr. Graham gave an instance of the failure of Conium in cancer of the breast, of an old lady of 77 years, in which Hydrastis had done remarkable work in reducing the pain, odor and quantity of discharge which before had been quite unbearable.

Dr. Hermance then presented a paper on :

PUERPERAL SEPTICEMIA.

Puerperal septicemia or pyemia, may be due to several conditions ; internal decomposition and absorption of the lochial discharges through abrasions in the mucous membrane ; laceration of the cervix or perineum and placental wounds, by which means the germs may enter the circulation and lymphatic system ; inflammation of the lymphatics from traumatism ; thrombosis by which fibrin is detached and lodged in a vessel causing embolism ; inflammation and pus formation.

The symptoms vary according to the nature and source of infection. Septicemia makes its appearance soon after delivery, its limit being 9 or 10 days after. Pyemia comes after that period. In general septicemia without suppuration, we have the chill, rapid, weak, irregular pulse, fever, dry tongue and offensive breath, offensive or suppressed lochia, vomiting and other symptoms of deep septic intoxication. Septic intoxication is a peculiar delirium resembling the alcoholic. With suppuration we have the initial chill, and may often have multiple abscesses in various parts of the body. A pyemic patient is dull, stupid insists she is all right and getting well, "don't want the doctor." There are repeated chills, (in septicemia but the one chill). In pyemia there is no type to the chills. The more violent they are the more severe the attack. As a rule there is no perspiration. The worst cases we have do not sweat. There is a peculiar hue of countenance, dull, ashy, leaden, corpse-like.

Is this not, strictly speaking, except possibly in patients of a purulent, scrofulous diathesis, a preventable disease? If absolute cleanliness, prophylaxis and aseptic conditions of the genital tract is observed, all persons and articles about, or coming in contact with the patient to be confined, are aseptic, why ought there to be sepsis? It is a wise old proverb which says, "an ounce of prevention is worth a pound of cure," and it was never more applicable than in puerperal diseases. We hear much these days of "Meddle-some Midwifery" and perhaps there is much truth in it, but if there is a disease in which "cleanliness is next to Godliness" it is in these cases, and our neglect to take every precaution to prevent sepsis even though it may appear meddlesome is inexcusable to say the least.

Treatment—Homeopathy I believe to be preeminent in these as in all other diseases and I believe I have as much faith in the indicated remedy as any physician of our school, but when we hear some of them report cases of delayed or retained secundines being allowed to remain for days (one case I remember it being ten days) waiting for the remedy to act, I believe it is tempting Providence. If in twenty-four hours at least the uterus does not empty itself it is time for mechanical interference. It is then a surgical case and requires surgical treatment. To allow a

decomposing mass of organized tissue to remain in a closed cavity like the uterus to be absorbed by the circulation and lymphatics for days is criminal negligence and we deserve strong censure for so doing.

Empty the uterus thoroughly within 24 hours after delivery, and then keep the vaginal tract well cleansed with warm, sterile water, also intra-uterine irrigation if found necessary, with normal saline solution. This I have found exceedingly efficacious in septic conditions following abortions. Medicated douches are an abomination, particularly carbolic acid and bi-chloride of mercury. By absorption they interfere with the action of the remedy. **AVOID the CURETTE.**

After you are satisfied that the uterus is empty the scraping of the endometrium will make a bad matter worse. The homeopathic remedy will do a thousand times more for them. I have proved this in many cases particularly after abortions. Look to the wounds as in surgical cases and keep them clean of all discharge. Use very little force in douching. Let the water be thrown into the vagina very carefully, not directly, but toward the sides. When patient urinates have her do so in an upright position, not by herself but by assistance. See to it yourself that everything is carefully done. Keep careful watch of the kidneys and bowels. So long as the uterus involutes and is contracting each day the woman is ordinarily safe from puerperal trouble. *Watch this closely.* See to it that the patient is well nourished. As soon as lactation is established give her good food, *not too thin*. Good milk is the best diet when you can get it pure. *Cook it*, do not give it raw. It must be almost boiled, and not cold. Do not give thin beef tea, as it is sometimes rapidly decomposed. Isolate your patient from bad atmosphere. If we will observe these rules we have little to fear from septicæmia in most of our obstetrical cases. This does not apply of course to cases of induced abortion by means of dirty catheters or other instruments too frequently used by women, and I may say physicians too, to abort nature's object. Circumstances and surroundings are not always such either that we are able to control these details, or observe the above mentioned precautions. If we could confine all of our obstetrical cases in a well managed hospital we would have little to fear from sepsis. There are also many cleanly homes, which, with our well equipped obstetrical outfit, proves a barrier to the little microbe. On the other hand, how often we are compelled to work where everything about us is unsanitary and dirty, unclean bed clothing, basins, assistants, polluted insanitary atmosphere—nothing but uncleanness and dirt—and yet the patient makes a good recovery.

Remedies: I will mention but a few remedies that have done good service for me in septic conditions.

Arsenicum. The Arsenic patient is often of a purulent diathesis. There is profound and rapid prostration with small, rapid, fluttering pulse, showing marked sinking of the vital forces, face pale with anxious expression, eyes sunken and dull, jaw inclined to hang down. An Arsenic patient is *weak, restless and cold*. (The opposite, *strong, restless and hot* is Aconite.) Thirst for cold water, drinking little and often, cold perspiration with great prostration. They are anxious, very restless and fear death. The fact that Arsenic is particularly indicated in fevers with tendency to disorganization of the blood, also in poisoning from decayed morbid animal matter by inoculation, inhalation, or ingestion makes it a valuable remedy in septic conditions.

Chininum sulph. Ailments from loss of vital fluids.

This remedy is often valuable in septicæmia after severe uterine hemorrhages, where there is suppuration with chilliness and profuse sweat, ringing in the ears and fainting spells. It is to be thought of whenever

the regularity of the chills and difference between morning and evening temperature give to the disease an aspect or type of intermittent fever.

Baptisia. In stupid, cloudy, typhoid conditions.

Fall asleep while being spoken to, cannot get herself together, body feels scattered about, tosses about to get pieces together, mental restlessness, but lifeless. To be thought of when nervous symptoms predominate.

Bryonia. Delirious with affairs of the day, desires to go home, great thirst for large quantities of water, desire for things which are refused when offered, puerperal fever with swelling of breasts. A most excellent remedy where lochia is suppressed with frontal headache, as if it would burst. Thirst for warm drinks which relieve. Patient resists being moved. The character of the delirium, aggravation from motion, thirst for large quantities of water, are the leading indications for this remedy.

Lachesis. Where there is much pain in the uterine regions.

Extreme intolerance of pressure about abdomen.

Uterus does not bear contact.

Frequently lifts bed clothes, cannot bear their weight.

Fetid lochia with suppressed urine.

Always worse after sleep.

Great loquacity.

Very suspicious.

Rhus. When of a rheumatic nature, susceptible to weather changes.

Restless, must change position often.

Soreness in abdomen, as if beaten (*Arnica*).

All joints feel sprained.

Glandular involvement with suppuration, abortions from straining, or over exertion.

Pyrogen. This nosode has both pleased and disappointed me in its action. Our meagre knowledge of its pathogenesis makes us uncertain about its exhibition. It is nevertheless a most valuable remedy and has given me brilliant results. It is indicated most frequently in the pyemic form of puerperal diseases, where there is retained pus in closed cavities, abscesses and decomposition of the fluids of the body. It has great restlessness with constant desire to move, like *Rhus*. Very offensive discharges, frequent chills with extreme coldness followed by severe aching of bones and extremities. Like *Arsenicum* it has thirst for cold water, which is vomited after becoming warm in the stomach. The tongue is usually clean, with very offensive breath.

Echinacea angustifolia. Like *Pyrogen* this remedy is little known only in an empirical way. However, I consider it a very valuable drug and destined to take a prominent place in our *Materia Medica*. I have used it in the tincture, and the 3x attenuation, with good results. I would advise its consideration where *Lachesis* or *Arsenicum* seems indicated and fail. Also where there is much glandular involvement, bluish or purple in color. The throat and tongue are dry and dark red or purple in color, a septic or gangrenous diarrhea with profuse sweat and vomiting.

Sulphur. Among the great sulphur springs, which lie in a valley at French Lick, Indiana, is one whose water is particularly strong with the mineral, and which flows many thousand gallons daily, and over this spring you read the word, "Pluto, King of the Valley," and I thought as I read it I would like to write underneath the inscription, "Sulphur, King of all Remedies." When a student, I once heard a good homeopathic physician say, "If I were obliged to select but one drug from

our materia medica with which to treat all diseases, it would be Sulphur, as it covers more diseased conditions than any other remedy." And I have many times verified this statement since then, when carefully selected remedies failed to act. An intercurrent dose of Sulphur will often arouse the reactionary powers of the organism, and a beneficial action be obtained from our prescription. Where there are not sufficient symptoms on which to base a prescription, Sulphur will develop them. It is also the remedy in relapsing cases, the great aversion to water, particularly bathing, offensive perspiration and odors from the body not removed by washing, constant heat on top of the head, all gone feeling in pit of stomach at 11:00 A. M., burning in soles and hands at night, are of course the characteristic Sulphur indications but the fact that no matter what the indications are, whether the symptoms are for Sulphur or not, it will often clear up the case, bring about reaction and prepare the way for another remedy that will cure. It is because of these facts, and not because it is particularly indicated in septicemia, that I so highly recommend its consideration. Farrington says, "Sulphur is the central remedy of our materia medica, it having well defined relations with every drug we use." Its great utility arises from this peculiarity.—*The Medical Advance*, May 1907.

MORBID INHERITANCE.

BY ROBERT HOWLAND CHASE, A.M., M.D.

Fellow of the College of Physicians, Philadelphia,
Superintendent, Friends' Asylum, Frankford.

The facts concerning heredity are very fully recognized by all writers on insanity, and also the importance they assume as an etiological factor in mental diseases. Our present purpose is to review these well-established truths and concisely to set them forth as clearly as may be in limited space.

The transmission from parent to offspring of certain physical and mental characteristics is known as physiologic heredity. This phenomena invariably takes place through the egg and sperm, and on this account the peculiarities of inheritance can be due alone to the peculiarities of the germ cells. The male and female germ cells, although apparently very different, are essentially alike. Hence the blood of inheritance is not a single stream, but a blended one from both sides of the house. The characteristics of parents blend in the offspring, so as to result in qualities which were not possessed by either of the parents. The inheritance so transformed (variation) is regarded a true transmission in equal degree to the qualities passed on to the child without change. Hereditary likeness or repetition is the most common variety of inheritance. It is often recognizable in gross and in minute anatomical characters, such as the form, structure, location, size and color of each and every part. The child may inherit the qualities of one parent only, or partly those of one, and partly those of the other. It may show the father's characteristics at one stage of life, and at another time the traits of the mother. Sometimes the prepotency in one side of the family is so strong that certain mental qualities or physical features are persistently handed down in spite of unfavorable conditions, so pronounced as reverses of fortune and constant crossing by marriage. It is a common observation that certain characters of eyes, nose and lips run in families, as well as stature, weight and complexion. The same may be seen in respect of left-handedness, near-sightedness, and the tendency to bear twins and triplets. In

some families all of the male members grow bald at the same period of life, while other families in like manner take on flesh. There are short-lived and long time families ; some in whom the powers of endurance are strong and in others may be remarked dominant mental powers that are exceptional. (Conklin.)

Between physiologic and pathologic transmission there is a fundamental difference. The authorities seem agreed that diseases are not directly inherited. It is a well established principle in medicine that function in the animal economy chiefly depends on structure ; it is on this fact that morbid inheritance is based. When an individual is affected by a so-called "inherited" disease, it is not the inheritance of this disease with which we have to deal, but rather a tendency or predisposition to it. In other words, it is not that the special pathologic characters themselves which are transmitted, but a predisposition by the results of peculiar anatomic or physiologic traits which favor certain diseases. The morbid influences, acting on the germ-plasm and germ-cell, tend to break the continuity of physiologic inheritance and to create new characteristics, which being abnormal, are less in harmony with the environment and consequently hamper the individual in the struggle for existence. This weakness is manifested usually by a morbid condition of nutrition, a feebleness of development and certain functional incompetencies. This vicious state is capable of engendering under unfavorable influences the influences the diseases which are generally regarded as hereditary. If diseases such as congenital syphilis, epilepsy and tuberculosis are transmitted from parent to offspring be not due to the transmission of a peculiar anatomic structure which favors the disease, then it can be only due to the infection of the germ or embryo by microbes. From the very nature of the case this would make the process one of infection and not a transmission. This special predisposition, which is a morbid hereditary deviation from the normal type, whether grave or light, is always associated with a corresponding change in some function of the nervous system. This change in nervous function has received the name of degeneration and the subject of it is called a degenerate.

In morbid inheritance, the diathetic and nervous conditions are seldom transmitted in the same form from patient to child. The morbid basis persists and it alone is transmitted. The psychoses are transformed usually in each succeeding generation and may be different in members of the same family. This is known as dissimilar or transformed heredity. In a certain number of cases the psychoses are transmitted by heredity in the same form from parent to offspring. This is known as homologous or similar heredity. When the heredity is attributed to parents it is called immediate ; when observed in branches of the family, it is collateral ; when on the side of both parents it is then double, or from convergent factors. When it is from one parent it is simple heredity, either paternal or maternal. According to some authorities, the latter is the more serious of the two ; it is also three times more common. When

it has existed for many prior generations it is called *cumulative heredity*; when it becomes more and more intensified by transmission it is said to be *progressive*; if it is alleviated by a series of fortunate crossings it is *regressive*. When the hereditary psychosis appears at the period in life that it occurred in the parent it is called *homochronous*. When it appears in the child before it is seen in the parent it is called *anticipatory*. The tendency to the reappearance in the descendants of the heredity, which has been latent for one or sometimes two or more generations, is an extremely common form known as *atavism*. The latent character may rise to the surface by the union of an individual in whom it is dormant with another person in whom it is potential. It denotes the occurrence among collateral relatives of certain morbid peculiarities similar to those which occur in the parent stem. Strictly speaking, collateral heredity has not any significance apart from atavism. (Macpherson.)

In any of the above ways abnormal tendencies pass from ancestors to descendants; but the appearance of abnormal qualities, owing to a defective power to transmit perfectly normal characters or functions, is the true explanation of pathologic inheritance. Degeneration, then, is the dissolution of normal heredity, and in its ultimate stages it ends sexual heredity by imposing sterility on its more advanced subjects. The spermatic and ovarian cells crippled in their power of development, are unable to promote evolution along ancestral lines. Hence the various arrests in development, the various malformations of the body, and disordered functions of the nervous system (physical and mental stigmata) as well as the diminished power of resistance of the nervous system, which, being badly balanced, readily succumbs to all external factors of an unfavorable kind which act on it.

Temperament may be defined as the special type of mental constitution and development due to natural characteristics of the bodily organism, often inherited such as the bilious, nervous, sanguine, etc. Diathesis, on the other hand, is a bodily condition (inherited or acquired) by which the individual through a long period, or usually throughout life, is prone to suffer for some peculiar type of disease such as the tuberculous diathesis, or the gouty diathesis. The insane diathesis is a brain deterioration, inherited or acquired, indicated by peculiarities of function, by tendencies to mental disorder, and often associated with bodily stigmata—peculiarities of physical development. The insane diathesis is primarily based on an abnormal irritability and excitability of the brain, with irregular evolution and unequal development of its function. The insane diathesis may be latent and is found in persons of neurotic constitution, who, without observed evidences of the diathesis, transmit it to their offspring, or become insane from very insufficient causes. The non-development of the diathesis in these cases may be due to favorable conditions of life or to the activity of another diathesis. The most common example of this is seen in the substitution of phthisis pulmonalis for mental disease.

In writing of hereditary degeneration, a prominent authority says: "Insanity is not a chance occurrence, like a nasal catarrh or an accident, or like an attack of typhoid fever to which all men are liable. There are certain necessary preceding conditions, one of which is essential, namely, that the brain of the subject must be predisposed by heredity to mental breakdown. There are, it is true, other causes which may invalidate a previously normal brain and predispose it to insanity, such as alcoholic over-indulgence, traumatic injury, and some physical disease; but," he adds, "such causes are comparatively rare. It may, therefore, be generally stated that in order to become insane a person must inherit a vice of organization."

Heredity, in mental alienation, seems to assume several types. The chief ones are: (1) Vesanic heredity, or the heredity of pure insanity; (2) cerebral or congestive heredity, the tendency to cerebral diseases; and (3) neurotic heredity, or that of nervous diseases. All nervous hereditary diseases are transmutable in their transmission from one generation to another. The following classification is founded on the implication of heredity of the ancestors in its transmission to the descendants. (1) It may manifest itself only by trifling eccentricities, mannerisms, slight moral lapses, or mild cerebral neurasthenia; (2) by isolated attacks of idopathic insanity (mania or melancholia), dependent on grave moral crises or physical deterioration; (3) by recurrent or alternating (*folie circulaires*) attacks of insanity independent of any exciting cause; (4) by systematized progressive insanity; and (5) by the appearance of hereditary insanity—insanity of the degenerate. (Régis.)

From what has been said, it may be seen that morbid heredity, according to this hypothesis, is not a positive quantity, but a negative one. It is a failure in transmission of certain characters which results in an unlikeness to the type of the race and to that of the parent. We hold that the factor that is directly inherited is not insanity itself, but it is an instability of the nervous system, or a disordered arrangement of nervous tissue that is the basic weakness on which the insanity develops. We should look for the inheritable antecedents of insanity, therefore, not alone in insanity as revealed in progenitors, but in all diseases which display evidence of undue instability or disorder of the higher nervous arrangements. Thus the nervous peculiarity which exhibits itself in insanity in the offspring may have become apparent in the progenitor, not as insanity, but as epilepsy as chorea, as hysteria, as "nervousness" and fidgetiness, as somnambulism, drunkenness, or in some other form.—*The Medical Times*, June, 1907.

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MEDICAMENTS OF LEUCORRHOEA.

By DR. CHIRON.

Leucorrhœa which may be defined to be "a pathological flux produced by augmentation and alteration of normal secretion of the genital apparatus" is the most common genital accident of the females. It may happen in all ages, under the influence of various causes, and it is so often scarcely perceptible and transcient, but sometimes abundant and tenacious that it necessitates an appropriate treatment.

The homœopathic therapeutics are still an unknown treasure. It presents to us numerous chosen variety of medicaments, which, when reasonably employed and well determined, permit to obtain the cure of leucorrhœa, rebellious to all other treatments and generally considered incurable.

TREATMENT.

Aconite. Abundant leucorrhœa, yellowish, tenacious, viscons, sometimes sanguinolent with sensation of heat, fulness and tension of the internal parts. Continuous itching is not disagreeable but forces the patient to scratch. Burning when urinating. Abdominal sensibility.

Actaea Racemosa. Endocervicitis in nervous females, neurasthenia. Hypersensibility of the organs of the pelvis; sensation of pressure in the uterus. Uterine inertia, uterine neuralgia, prolapsus uteri. Pain in the vertex, supra-orbital or in the eye.

Aesculus Hippocastanum. *Leucorrhœa* with feebleness in the back and pain of dislocation in the sacro-iliac symphyses which render walking very painful and fatiguing. It appears that the posterior part of the body will break at this place. *Leucorrhœa* thick, dark yellow, corrosive, worse after catamenia.

Agnus Castus. Transparent *leucorrhœa*, imperceptibly passing by the parts which are relaxed, not abundant, but spotting the linen yellow; suppression of menses.

Aletris Farinosa. *Leucorrhœa* with defective nutrition and debility. Ptyalism. *Uterine atony* with painful pressure radiating in the hip. Prolapsus or uterine displacement on account of feebleness. Obstinate constipation. Great disposition to easy abortion.

Alumina. *Leucorrhœa* abundant, corrosive, acrid, excoriating the parts, especially before the courses. Burning in the sexual parts. Painful sensibility in the vulva and rectum, making walking difficult; flow whitish, mucous, making the linen stiff; *flow only in the day* in the intermenstrual period with great feebleness and sensation as if the flow ran down the vagina and descended in great quantity to the feet. *Leucorrhœa* ameliorates by cold injections; pain in the back, as if a hot iron was applied to the inferior vertebrae; insipid taste and mouth dry; agrees with chlorotic females with morbid appetite and excessive sexual excitement.

Ambra. *Leucorrhœa* only at night of whitish mucus, preceded by shooting in the vagina, or *leucorrhœa* mucous, chronic, increasing day by day with painful sensibility, itching and swelling of the labiae.

Ammonium Carb. *Leucorrhœa* abundant, aqueous, burning, when it comes from the uterus with tearing pain in the abdomen; abundant and extremely acrid, when it comes from the vagina. Excoriation, ulceration of the vulva, irritation of the clitoris. Menses advancing, abundant, blackish, often in clots. Pain in the inferior part of the back, with sensation of constriction between the two shoulders. Loss of appetite; headache after walking in fresh air; sleep during the day,

insomnia at night; agrees with sickly, delicate and feeble females. *Well indicated when the flow exhales even a little ammoniacal odour.*

Ammonium Mur. Leucorrhœa albuminous as the white of egg preceded by pinching pain around the umbilicus; flow brown, viscous, after the menses; violent pain in the lower part of the back especially at night; sensation of cold between the two shoulders; abdomen distended without flatulence. Constipation, stool hard and crumbling. *Leucorrhœa during each micturition.* Choleraic symptoms at the appearance of the menses. At each period there is flow of blood by the intestines.

Antimonium Tart. Leucorrhœa viscous, white and mucons. Chronic cervicitis with superficial erosion at the orifice; flow of blood and water, *especially when she sits down*; comes out by paroxysms; sensation as if a heavy load is attached to the coccyx; itching in the genital parts.

Anacardium. Flow white, corrosive and prurient with excoriation of the parts.

Argentum Nitricum. Flow mucous, sanguinolent, corrosive; yellowish, abundant. Prolapsus with ulceration of the orifice of the neck. Irregular menstruation. *Painful-intercourse followed by hæmorrhage from the vagina.*

Arsenicum. Flow small in quantity, thick, acrid, corrosive; sometimes even ichorons. Pain pressive, burning, lancinating in the ovaries, extending to the thighs, aggravates by movement and in the act of lowering down. *Chronic endometritis with menorrhagia or endocervicitis.* Feeble, pale females whose skin is white as that of wax, fatigued at the least effort. To all these may be added the suppression of the menses and the increase of leucorrhœa at the time when the menses should appear.

Arsenicum Iod. Leucorrhœa aqueous, acrid, corrosive, sometimes of foetid odour. Ulceration of the neck. Menstruation abundant reappearing very often.

Aurum. Leucorrhœa abundant, thick, yellowish, corrosive. Prolapsus uteri; urine turbid, thick; feebleness and nervous prostration. For the syphilitic or scrofulous.

Asafœtida. Flow abundant, acrid, yellowish. Pain as that of labour in the uterine region with sensation of pricking and pulling downwards increased by walking or when going in a carriage. Ulceration of the neck.

Badiaga. Leucorrhœa worse at night with sensation of increase of the flow and fulness in the head.

Baryta Carb. Leucorrhœa mucous and sanguinolent coming immediately before the menses, with anxious beating of the heart, agitation in the abdomen; pain in the loins, and weakness amounting to exhaustion. Indicated for young females, scrofulous, chlorotic or anæmic.

Belladonna. Leucorrhœa white; yellowish, acrid, abundant, with colic suddenly appearing and disappearing. Paroxysms of pressure in the abdomen, as if something wants to come out by the vulva, with increase of leucorrhœal flux during each paroxysm; *these are more frequent in the morning*, increase in inclined position and walk, and diminish during rest and upright position. Acute endometritis; neck of the uterus sensible, swollen and red. Insomnia. Headache. General heat of the body.

Berberis. Albuminous leucorrhœa before menses (Bad., Calc. carb.) with burning after urination and painful sensation all along the urethra. Acrid leucorrhœa producing great prostration and feebleness. Violent pain in the sacrum and loins. Menses in advance. Sensation of boiling as if water would pass across the skin. Melancholia.

Borax. Leucorrhœa white, albuminous, resembling the white of egg, happening in the inter-menstrual period, with sensation as if hot water is flowing along the thighs. Pricking in the clitoris. Menses too early and very abundant with pain extending from the stomach to the lower part of the back. Very nervous females, can not tolerate movement, either when mounting a horse or descending a ladder. Sterility. Trifling excoriation of the skin produces sore which can be slowly cured.

Bovista. Flow white, after the menses. Leucorrhœa thick, viscous, albuminous, coming especially during walk. Leucorrhœa

greenish, yellowish, acrid, corrosive, spotting the linen and excoriating the thighs. Sensation as if the head is enormously swollen. Herpetic persons.

Calcarea Carb. Flow white before and after menses. The flow has *milky* appearance occurring principally during the day and when urinating. Leucorrhœa of adult females, only mucus and accompanied by *violent itching of the genital parts* (*Sepia* is more often acrid than *Sulphur*). General heaviness especially of the knee and leg. Acute pricking and burning in the neck of the uterus. Flow increases after excitement. Enough mucus between the lips and thighs with corrosive pain. Voluptuous sensation in the genital organs after menses which are frequent and profuse. Skin soft and as if infiltrated. *Leucorrhœa of slender females, symptoms of scrofulous cachexia.* Chlorosis.

Calcarea Phos. Leucorrhœa *after menses.* Leucorrhœa increases when the menses diminish. It resembles the white of egg and has sweetish odour, and is worse in the morning after rising from bed. Sensation of feebleness in the sexual organs, increased after stool and urine. Great lassitude and debility. Emaciated appearance. Especially suited to slender females. Plain acne with yellow pus. Indicated in young females who have suffered chagrin of love. Nymphomania.

Cannabis Sativa. *Infantile leucorrhœa.* Blennorrhagio leucorrhœa. Sensation of cutting in the labiæ during urination. Swelling of the vagina.

Calendula. Leucorrhœa ichorous and purulent.

Cantharis. Leucorrhœa acrid, corrosive, burning during micturition. Flow is reddish as mixed with blood.

Frequent desire for urination with pricking and burning during emission of urine which comes out in small quantity. Headache or intense and profound pain in the brain. Pressure upon the genital organs. Increased sexual desire.

Carbo Animalis. Scrofulous leucorrhœa. Leucorrhœa spotting the linen yellow, burning and smarting. *Induration of the*

neck of the uterus. Aqueous leucorrhœa flows during walking and standing with sensation of weakness in the stomach.

Carbo Vegetabilis. Aqueous leucorrhœa, abundant especially in the early morning on rising from bed. Leucorrhœa before menses or flowing in preference after passing urine. Flow very acrid, excoriating the parts with pruritus very painful in the genital organs and anus. Soreness of the vulva with great itching, heat and redness. Abdomen swollen. Amelioration by emission of gas. Irritable and changeable character. The things which she loved at one time cease to please her.

Carbolic Acid. Leucorrhœa abundant, fœtid, greenish, acrid with uterine catarrh. Sensation of sharp shooting pain across the loins and lower down. Frequent desire to urinate with burning in the urethra. Flow of leucorrhœa when urinating or increases after profuse menses.

Caustophyllum. Leucorrhœa abundant, very weakening in young females, with menstrual troubles. Uterine laxity and flaccidity or displacement and passive congestion of the uterus. Although the young leucorrhœic females carry the disease at the beginning of their life and the marks of it, but it is a precise indication of the medicament (in default *sepia* but *sepia* agrees more with all females than young females).

Causticum. Leucorrhœa abundant, flowing as in menses and having also the odour. Emission white coming only at night or in great abundance at the time. Menstruation in advance and profuse. Abdominal cramps. Physiognomy expresses sufferance, yellow tint; superior eye-lid tends to fall and it is necessary to make effort to elevate it.

Ceanothus. Leucorrhœa yellow, with pain under the false rib of the left side. Menses profuse. Affection of the spleen.

Cedron. Leucorrhœa coming regularly during each month five or six hours before the period with pain in the uterus and swelling of the vulva. *Leucorrhœa instead of the menses.*

Chamomilla. Leucorrhœa yellow, acrid, aqueous, corrosive, flowing especially after rest. Burning in the vagina as if it was excoriated. Pressure in the uterus resembling labour-pain.

with frequent effort to urinate. Nervousness and hysterical spasm.

Opium. Leucorrhœa before menstruation or in its place, pressive pain in the groin and anus. Sanguinolent leucorrhœa with emission of small black and foated clots with contraction of the internal parts. Great feebleness accompanied with a certain degree of irritability. Great desire for deep respiration with painful sensation in the heart. Abdomen swollen; emission of gas does not relieve. (*Carbo Veg.* ameliorated by emission of gas).

Cocculus. Sanguinolent leucorrhœa in the place of menstruation or in their interval. The menses are irregular and slightly abundant. The period finishes by an inappreciable quantity, the leucorrhœa is only apparent. Leucorrhœa resembles a mixture of serum and purulent ichorous liquid. Tearing pain in the back and as if the menses will come particularly after eating or drinking cold things. Sensation of general prostration as if it is impossible to make an effort. Can scarcely speak.

Coffea. Abundant mucus with frequent emission of blood. *Immoderate over-excitation of the genital parts and voluptuous itching.*

Conium. Flow of white and acrid mucus with violent itching and burning of the vulva accompanied by pressure in the lower part of the uterus. Prolapsus uteri. Rigidity of the neck of the uterus. Before the flow of whites: frequent colic, pinching and paralytic feebleness in the loins. After the flow of whites: lassitude and hoarseness with cough and expectoration. Constipation. Cephalalgia. Vertigo particularly on turning in bed. Great irritability. One of our best remedies in induration, particularly of the scrofulous nature. *Leucorrhœa during pregnancy.*

Copaiva. Leucorrhœa of the gonocœcic nature, sanguinolent, acrid, and excoriating. Flow white, thick, puriform and yellowish with continual pressure towards the vagina. Hæmaturia.

Crocus Sativus. Leucorrhœa with emission resembling the blood, filaments arranged against one another and forming

cordon. Permanent sensation as if the menses will ensue. Acute pricking runs from the pudendum to right thigh as if a knife is thrust from time to time in the parts penetrating gradually and augmenting the pain.

Cubeba. Leucorrhœa profuse greenish yellow, very acrid, and of an irritant odour. Erythema at the internal surface of the thigh and pruritus of the vulva with great desire for coition. Burning small pustules; ulcers resembling vesicles and condyloma on the vulva. Fissured and bleeding excrescences on the orifice of the neck. Uterus inflamed and painful as if there exists a tumour. Menses in advance often preceded or followed by leucorrhœa. Menstruation slightly abundant, leucorrhœa especially present.

Curare. Leucorrhœa rare, thick, purulent, of bad smell. Leucorrhœa in clots. Ulceration of the neck of the uterus. Smarting pain in the vulva and thighs. Acute lancinating pain in the uterus.

Cyclamen. Leucorrhœa in blonde females with leucophlegmatic temperament associated with menstrual irregularities. Chlorosis and anæmia. Access of weakness and coldness in all the body.

Drosera. Leucorrhœa with colic as during confinement with suppression of menses.

Dulcamara. When leucorrhœa has been caused by humidity, or in cold season.

Erigeron. Abundant uterine and vaginal leucorrhœa, with spasmodic pain and irritation of the bladder and rectum. Menses are ordinarily rare. Chronic uterine leucorrhœa. Dysuria.

Eucalyptus. Leucorrhœa abundant, yellowish, corrosive, irritant. Acute catarrh of all the mucous surfaces.

Eupatorium Purp. Chronic metritis. Leucorrhœa profuse, does not leave any mark on the linen. The patient *always* believes that the external genital organs are moist, but it is an error. Urinary complications.

Ferrum. Leucorrhœa milky, smarting, corrosive at the beginning, but which is soon after no more acrid. White flow before the menses with emission of mucons filaments from the vagina. Pain & insensibility during coition. Hysteria and chlorosis.

Ferrum Iod. Leucorrhœa resembles boiled starch. Flow filandrous during defœcation. Itching and painful sensibility of the vulva and vagina. Parts are very much swollen. Retroversion of the uterus.

Graphites. Leucorrhœa profuse, mucons, often provoking excoriation. The flow comes out *by jets, by jerks*. It appears day and night, but especially in the morning on rising. Sensation of weakness in the loins and back. Complete absence of menses or menses are rare and pale. General feebleness and prostration. Tendency to sleep during the day and insomnia at night. *Induration and congestion of the neck of the uterus.* Warty excrescences on the neck of the uterus.

Gnaco. Leucorrhœa putrid. abundant, corrosive, very debilitating. Terrible itching of the thighs worse at night.

Hamamelis. Profuse leucorrhœa with great relaxation of of the vaginal wall. It suits blondes with leucophlegmatic temperament. Passive hæmorrhage.

Helonias. Weak females with prolapsus or other displacements. Neck of the uterus ulcerated. *Old chronic cases without congestion.* Leucorrhœa dark, fœtid, obstinate, increases by the least effort. Painful sensibility and pressure in the morning. Feebleness with sensation of fatigue in the back and limbs. Anæmia with albuminuria. Appearance expresses sufferance. Sometimes itchiness of the sexual parts.

Hepar Sulph. Leucorrhœa with smarting in the vulva *Pruritus during menses.* Uterine ulcers with sanguinolent suppuration smelling like old cheese. The edges of the ulcers are very sensitive. Often sensation of pulsation in the ulcer. Enough scratching or small pimples around the ulcer.

Hydrastis. Leucorrhœa abundant, viscons, sticky, and filandrous. Exploration by speculum discovers a cord coming to the uterine orifice which is *generally ulcerated*. Mucons leucorrhœa, profuse and debilitating. Violent pruritus immediately after menstruation. Leucorrhœa complicated with hepatic troubles and constipation. Flow tenacious with weakness at the pit of the epigastrium and continuous palpitation of the heart. Pruritus of the vulva. Hæmorrhoids.

(To be continued). 274 210

REVIEW.

The British Journal of Tuberculosis, January 1907.—Published Quarterly; Annual Subscription—Five Shillings—Baillière Tindall and Cox, 8 Henrietta Street, London, W.C.

We owe an apology to the publishers for not taking up the Journal earlier in hand to give our opinion on it. The Journal has really filled up a long felt want. In these days of rapid locomotion giving facility to travel from one country to another, people undergo a sudden change of temperature and other various climatic influences, and thus contract diseases which they might otherwise have avoided. Among many other contagious diseases which is contracted readily tuberculosis is one of them and is the most dreaded of all. The prevalence of this disease is keeping a good pace with the advance of civilisation, and the humane physician can never rest idle without finding a remedy or remedies which will be able to cope with this fearful bane of human life.

The publishers deserve the thanks of the medical men as well as of the people in general for having arranged with the master minds to publish a journal quarterly on such a subject. The articles are almost all from the pen of well-known physicians of the day who have devoted and are devoting their time and attention to such a terrible disease that flesh is heir to. The opening article by the editor though short is an able one and the editor is right when he says that "The arrest and extermination of the tuberculosis, if it is ever to be attained, must be by a reform of the human factor and a reconstitution of his environment. This being so, it is clear that the question must be viewed from a broad standpoint. It is to be investigated not as a small field in the wide domain of pathology, but as an integral part of that greatest of all subjects of inquiry—the revelation and restoration of mankind."

The articles by Drs. Allbutt, Byrom Bramwell and Phillip and those by Sir Lauder Brunton, Sir Hermann Weber and Sir Samuel Wilks are excellent and we need not quote any passage from them. One's time will be profitably spent by reading all these through and through.

The Journal is excellently got up in every sense of the term. The type, the printing, the paper and the various illustrations are really superb. Besides the readable matter of 102 pages, there are about 52 pages of advertisements.

We heartily welcome this new journal and wish it a rapid success.

Aids to Medical Diagnosis. By Arthur Whiting, M.D., M.R.C.P. pp X + 152 with 8 Illustrations; Price 2/6; Bailliere, Tindall and Cox, 1907.

This is a valuable addition to the aids series of Messrs. Bailliere Tindall and Cox. The handy little books of the aids series are very good helps to the students going up for their examination and also to the practising medical men to refresh their memory from time to time.

The chapter on nervous system has been clearly dealt with and the six diagrams out of eight in the whole book give a good idea of the distribution of nerves and of the centre of some of the important organs.

It is a handy little book and every student and running practitioner should not lose the opportunity of keeping the book often by his side.

Three Essays. By Rai Rajendra Chandra Sastri Bahadur, M.A., Fellow of the Calcutta University, Member of the Asiatic Society of Bengal, &c. Published by Devendra Nath Banerjee, 30 Tarak Chatterjee's Lane, Calcutta. Price 8 annas.

Better late than never is a principle which should not be left out of sight. And it is only for this maxim that we have ventured to take up the pamphlet to give our honest opinion on it. It will now be understood that we have delayed not from any other motive but from our intense desire to do justice to it. The pamphlet before us contains three essays, as the name indicates, on three widely different subjects, viz., Modern Bengali Fiction, Municipal Institutions in Ancient India, and the Garbhadhan Ceremony. The first of these will be disposed of in a few words as we are least concerned with it. It was read at the Indian Association for the Cultivation of Science, on the 24th of August 1902, on the occasion of the 66th anniversary of the death of David Hare. This essay has a peculiar relation with the Indian Association for the Cultivation of Science. The founder of the Association, Dr. Mahendra Lal Sircar, who also started this journal, was a student of the Hare School. David Hare was a large-hearted philanthropist and took great delight in mixing with the students and meeting their wants. The western education could not have been made so popular if he had not worked so unselfishly for its cause. He also, for sometime, acted as Secretary to the Medical College and it was for his sake to some extent that the Hindu students could be attracted there. To perpetuate the memory of this great man who loved the Indians so greatly that Dr. Sircar thought fit to open a Professorship Fund in connection with his Association.

But is it not shame on our part that we have not yet done anything substantial for him whose heart bled for the poor students and who did not think it beneath his dignity to go to the houses of the students whenever they failed to attend the school and enquire about them and help them with medicines, books and very often with money? Our position, in the scale of a nation, will remain eternally where it is till we are not sensible of the fact, that we do not know how to honour those whom honours are due.

The second essay on "Municipal Institutions in Ancient India" is an excellent attempt to show that such institutions were not altogether unknown to the Indians in past days. Municipality might not have existed in the same sense, as it is now understood by the term, but that there were institutions where people took part in the local administration there is not the least doubt, has been conclusively shown by the author by various quotations from Yajnavalkya, Vrihaspatia, Narada and others.

The author quoting a few passages from Vrihaspati, Viramirodaya and others shows "that municipalities and other public bodies in ancient India enjoyed large powers within their respective limits; that they were created and managed entirely by the people; that their duties were similar to, and in some respects, much more arduous and comprehensive than, those now performed by similar institutions under British rule; that they enjoyed considerable civil and criminal jurisdiction within their limits; that they could punish their Commissioners in case of misconduct, even with banishment from their area, and that the Government had to endorse their decision, except when they were irregular or improperly arrived at."

In the Municipal Institutions of Ancient India we should utterly fail to find the conservancy, water works, engineering and such other departments with their greedy vultures in the shape of higher and lower officials attentive more to their stomach than to the weak of the public. In Municipal Institutions of Ancient India we should fail to find neglect of duty, the mother of all inconvenience and trouble to the rate-payers. The rates too did not increase then most arbitrarily every six years, and the poor men had not had to complain for the insufficiency of water supply after paying their life-blood in the shape of rates and taxes. In fact, we think ourselves advanced in the scale of civilisation in spite of this grinding, dishonesty and neglect of duty.

Honesty and duty are the virtues which can never remain with men whose education is faulty and whose love for money

is greater than the love for their fellow creatures. People in ancient days did their work not for any remuneration from this world but for reward in the other, and all their actions therefore were interwoven with religious sentiments, and hence free from wrong doings as far as possible. We can only hope that by better education the morals will be changed and the people will better understand their duty, and unless we get good men in the employ of our Municipalities we can never expect good work.

The last essay on the "Garbhadhan Ceremony" i.e., the ceremony for the consummation of marriage is the most important of all. This essay was written "with the object of placing before the Government, the sastric aspect of a question over which the public mind was greatly exercised at the time" when the Age of Consent Bill was introduced into the Council. The author begins by drawing his materials from the Vedic Age, but suddenly dismisses the idea of doing so on the ground that these are all "Prehistoric." And then jumping over the age of *Brahmanas* he at once arrives at the age of the *Grihya Sutras* which according to him is the connecting link between the prehistoric and historic ages. The *Grihya Sutras* are three in number and convey different views altogether, and we are therefore at a loss to understand which one should have the preference in all our actions and especially the most important of human life, the garbhadhan ceremony.

The garbhadhan ceremony is no doubt the most ancient ceremony. In the primitive stage of human society, when the paucity of population was a question, such ceremonies were of a highly sociological interest and like all the acts of the Hindu society it was intertwined with the religious ideas and hence a religious character is given to it. This ceremony came in vogue when the post-menstrual marriage was as a rule, the prevailing custom of the time. But, bye and bye, through the process of dissolution, people left the idea of late marriage and became partial to early or pre-menstrual marriage. The idea of marriage changed but the primitive idea of its consummation being more attractive, took its root deeper and the sages began to comment and write explanatory notes on such a thing as the permission of sexual intercourse after so many days from marriage or its prohibition under certain circumstances. All the injunctions were obeyed, more in their violation than in their observance perhaps. Curiously enough, we find a passage in Vijnaneswara, the writer of the celebrated *Mitakshara*, a commentary on Yajnavalkya, where a man is still considered as observing the vow of abstinence when he cohabits with his wife in her menses. There are so

many opinions on this subject that we think it to be utterly useless to dwell upon it at any length. In fact, the more we try to enter into the subject the more we find the opinions to differ. If the garbhadhan ceremony is to be observed as a religious ceremony, the marriageable age of a girl then should not have been changed at all. The later so-called historical writers of our author (we do not know under what class Manu will come then) began to twist and turn the sastras to their favour, keeping the garbhadhan ceremony for the purpose of enjoyment and at the same time reducing the marriageable age of a girl. This sensual appetite showed its culminating point during the time of Parasara when injunctions were given by him to have the girls married at the lowest minimum age of eight and the garbhadhan ceremony to be performed immediately on the appearance of the first menstruation.

This change has produced a baneful effect in our society. The neglect of wise and sound dictum of Physiology has produced a race at once weak and ill-developed. The evil or the good effect is not produced all at once in the life of a race or of a species but it will visit the race or the species through a long process of evolution ultimately. We are now reaping what the sociologist of the ancient days had sown without paying much heed to physiology. The author has after a survey of the whole sastras come to the conclusion that the Age of Consent Bill when passed into law will directly "interfere with the practice of Hindu religion, specially, with that which insists on the performance of the sexual act during the menses". We cannot agree with the author, because the garbhadhan ceremony for all intents and purposes has become a thing of the past and is not rigorously imposed upon any one and no atonement is required even for its violation. Such being the case, we must not put stress upon a matter which people have already begun to forget.

**Meteorological Observations taken at 8 A.M. at the Indian
Association for the Cultivation of Science, Calcutta.**

For the Month of June, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		Humidity.	CLOUD.	Rainfall in inches of past 24 hours.
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.		Proportion.	
1	29.481	E	6.0	99.0	78.5	79	10	Nil.
2	29.482	E	5.6	97.5	82.0	81	10	0.06
3	29.669	S	4.5	100.8	73.5	78	4	0.49
4	29.676	S	4.2	101.0	73.2	80	8	Nil.
5	29.633	W	5.8	97.8	84.0	71	3	"
6	29.595	S	7.0	98.1	85.0	67	3	"
7	29.509	S	6.2	99.0	85.5	77	2	"
8	29.489	S	6.0	101.0	86.0	77	7	"
9	29.547	E S E	5.6	99.0	76.8	81	3	0.23
10	29.599	S	5.5	99.5	84.0	70	4	Nil.
11	29.680	S	4.8	98.1	78.0	77	4	0.45
12	29.669	S W	2.6	96.0	82.0	71	4	Nil.
13	29.639	E	3.0	97.0	81.5	69	5	"
14	29.629	S E	4.4	98.0	81.2	64	5	"
15	29.601	E	3.0	95.1	80.0	73	3	"
16	29.547	E E	4.5	97.0	80.0	78	3	0.23
17	29.493	E	4.4	95.2	79.8	89	9	0.10
18	29.261	N E	6.8	87.8	78.0	96	10	1.62
19	29.391	S	11.3	83.8	77.0	87	10	3.65
20	29.538	S	7.5	89.0	80.5	84	8	0.36
21	29.481	S	9.3	92.0	82.0	82	3	Nil.
22	29.389	E	5.5	94.5	79.8	67	9	0.04
23	29.350	N	6.4	90.0	78.0	96	10	0.08
24	29.260	N	9.3	87.2	79.2	89	10	0.27
25	29.099	S	16.8	81.5	76.0	100	10	9.15
26	29.486	S	9.6	88.2	77.0	84	5	0.69
27	29.550	S	6.0	91.0	81.1	88	7	0.01
28	29.559	S	5.1	92.0	81.0	91	10	0.08
29	29.520	S	3.2	90.0	81.0	89	9	0.10
30	29.416	S	3.7	92.0	81.0	96	9.	0.02
Mean	29.507	E S E	6.1	94.2	80.0	82	7	TOTAL 17.67

Remarks: The mean atmospheric pressure of the month of June was further reduced to 99.507 inches from 29.692 in May.

The mean direction of wind was E. S. E.. The mean velocity of wind increased from 3.7 of the last month to 6.1 during the month under review. The mean maximum was 94.2 and the mean minimum 80.0. The difference between the two means came to 14.2 in contrast to 18.5 of the last month. The mean humidity was 82. In May it was 72. So there was an increase of 10 degrees. The total rainfall came to 17.67 inches. It was only 4.80 during the last month. We got the monsoon from the first week of the month.

During the week ending the 25th May, the mortality from cholera was 46. In the week ending the 1st June, it came down to 32. In the next week ending the 8th June, the mortality increased to 40. In the week ending the 15th June it was 37. During the next week ending the 22nd June, the mortality was 44. In the week ending the 29th June death from the disease increased to 68. The increased rainfall could not check its spread. It is doubted whether Tolly's Nullah is the only source from which the disease originates. The augmented rainfall would have then prevented the spread even to a slight extent.

During the week ending the 25th May the mortality from plague was 131. In the week ending the 1st June it was 100. In the next week ending the 8th June it came down to 68. In the week ending the 15th June the mortality was 62. During the week ending the 22nd June, the reduction came to 25. In the week ending the 29th June it was 28 almost and remained almost stationary. The noticeable fact is the increased rainfall during the month.

Smallpox took away from 26 to 2 persons in a week during the month. The reduction was gradual. Mortality from fever ranged between 95 and 63 during the month. On the whole death from the disease was almost the same, in comparison to that of the last month.

Bowel complaints took away from 36 to 33 persons in a week. In comparison to the last month the mortality was less. It can not be said that the reduced number of deaths was due to the increased rainfall.

EDITOR'S NOTES.

Unexpected death and the Status Lymphaticus.

The *British Medical Journal* of June 1, writes :

"Two recent cases have called public attention to the condition known as 'status lymphaticus,' but there is no ground whatever for trying to make a sensation of it, as certain newspapers have done, as if it were something altogether new to the medical profession. For many years it has been known that in children sudden death occurred from trifling and apparently quite inadequate causes. Those who have made many medico-legal *post-mortem* examinations or have been pathologists to large children's hospitals, have learned to recognize a group of fatal cases in which it has not been possible to determine the precise cause of death. In some instances slight dyspnoea had preceded the fatal event, and as enlargement of the thymus has been found, to this the death has been attributed—the so-called thymus death. But in 1889 Paltanuf, from an unusually rich experience, gave a new explanation of these cases. He determined that in addition to enlargement of the thymus there was a general hyperplasia of the lymphatic glands and the adenoid tissue generally, particularly the tonsils and the lymphatic follicles of the intestines and of the spleen, and hyperplasia of the arterial system has also been present. To this combination he gave the name 'status lymphaticus.' Clinically the subjects are usually well nourished, but pale and of a flabby lax habit, with the superficial glands enlarged, hypertrophy of the tonsils, a palpable spleen and a percussion flatness over the sternum, indicating an enlarged thymus. The children are often rickety or the subjects of eczema or prurigo. Spasm of the larynx has been a common feature. The sudden death has taken place under a variety of circumstances. One of the most common has been during anaesthesia for some slight operation, as circumcision, or for adenoids, or during convalescence from a mild fever. The explanation is by no means easy. In a few cases in which dyspnoea has been a symptom the compression of the enlarged thymus may have been the cause, but in a majority no satisfactory reason has been found, and writers have been forced to conclude that there is a special vulnerability of the system associated with the general hyperplasia of the lymphatic tissues. Others have thought that it may mean an overproduction of the internal secretion of these structures or lymphotoxaemia. But whatever the explanation, we must recognize the existence of the group of cases, and in children who present the signs of this lymphatism, as it is called, we should not advise operation, and we should be particularly watchful in what appear to be slight ailments."

The research of a new state of things with regard to the hyperplasia of lymphatic glands and adenoid tissue and the hyperplasia of the arterial system has proved to be a serious disturbance to children. The hyperplasia which is manifested by the enlargement of the thymus, spleen, tonsils, lymphatic follicles of the intestines and

other glands proves to be a serious mischief. The arterial hyperplasia has not been determined to that extent, except as it is shown by pressure of the enlarged glands on the arteries. Further investigation is wanted to land us on a safe assertion.

Intestinal Origin of Pulmonary Tuberculosis.

We read in the *British Medical Journal* of June 1, the following :

" Calmette and Guérin (*Ann. de l'Institut. Pasteur*, August, 1906) contribute a third article in support of their view that pulmonary tuberculosis is not usually an inhalation infection, but is due to bacilli which have gained their entrance into the body by the intestinal tract. With goats, calves, and adult bovines they have found that when the bacilli are introduced at the end of an oesophageal sound and the possibility of contaminating the air passages is rigorously excluded, a single feeding with tubercle bacilli of bovine origin produces in every case tuberculosis of the thorax. The tubercles are found, in from thirty to forty-five days, beneath the pleura and particularly at the upper and anterior borders of both lungs ; peribronchial tubercles are also found surrounding the finer ramifications of the bronchioles. The tuberculous granulations never develop primarily in the alveoli ; sometimes they form projections into the interior of alveoli and bronchioles which they finally occlude ; and sometimes they ramify along the distended alveolar walls. The process always commences in the lung capillaries, and the involvement of the alveoli and bronchioles is a secondary event. Criticizing inhalation experiments which have led to positive results, they point out that the animals swallow, as well as inhale, the infective material administered, and they wish to regard the lesions produced as attributable to bacilli absorbed by the intestinal tract. Direct infection of the lungs by way of the air passages is, they maintain, a rare event. The authors are now endeavouring to produce immunity against tuberculosis by introducing into the alimentary tract bacilli which have been attenuated, modified, or deprived of virulence."

The contest between the inhalation and the absorption theories of tuberculosis is yet raging keenly. The inhalation theory headed by Koch of the German school is disposed to prove that the inhalation of the debris of tubercles or the entrance of comma bacilli in the lungs originates the disease, whereas most medical men of the French school are disposed to derive the infection of tuberculosis from the absorption of the germs in the intestinal canal. In India, it is generally observed that a case of tuberculosis in a house is not followed by another for a long time, in the same house. Had the inhalation theory been correct, it would have naturally led to other cases from infection by respiration in the infected house, which does not happen. We are disposed to side with the French school which attribute the propagation of tuberculosis to intestinal absorption, as we see the milk of consumptive cows is a fruitful source.

Shreds in the Urine.

We read in the *Medical Times*, June :

"De Santos Saxe (*N. Y. Med. Jour.*, March 2, '07) was led by the scanty references to shreds in most text-books to study these elements in many cases of chronic urethritis, prostatitis and vesiculitis. He details in his important contribution the best methods of fixing and studying shreds. Those found in the urethra are either : pus shreds, mucopus, mucous and epithelial shreds, each having special macroscopic and microscopic characteristics. Several varieties of altered epithelia are found in urethral shreds. Those undergoing hyaline changes may be identified not only by the iodophile reaction, but by a peculiar degeneration as shown by their staining qualities with polychrome methylene blue. Shreds composed of pure epithelia consisting of flat pavement cells with small nuclei are shed spontaneously or after instrumentation, in the stage of the disease in which the superficial layers of the urethra become lined with these cells under the influence of subjacent or submucous lesions. Shreds from the prostate and vesicle include several varieties recognizable under the microscope, but not the naked eyes. The "comma" shreds may be of two varieties of structure. The true comma shred of Fürbringer consists of booklets of stratified epithelia, derived from the prostatic duct ; a false variety is made up of bits of mucous shreds which roll up into a lump at one end. The frequency of gonococci in urethral shreds is directly as the proportion of pus cells, and inversely as the proportion of mucus and epithelia in the specimen ; this rule does not apply to prostatovesicular shreds. The study of shreds is not of great value in the localization of the affection in the urethra, either anterior or posterior ; it is most valuable in determining the stage of the process, the order of appearance being, with certain reservations, pus shreds, mucopus shreds, mucous and then epithelial shreds. The variety of urethral shreds present can have but a limited prognostic value. The fewer the shreds and the fewer the pus cells therein the better the prognosis ; the larger the number of gonococci and of pus cells the worse the prognosis as a rule. Marriage should certainly not be sanctioned unless the terminal shreds contain no pus for months, even after provocative measures, such as the drinking of beer."

The shreds have most important bearings not for localising any disease but to ascertain its pathological or bacteriological nature. The best sample of urine is that where there are a few shreds. The next in order is that which contains shreds in quantities but no pus cells. Pus cells with gonococci comes to the province of positively bad nature. The worst is that which contains bacteria in large number, as any of the cocci and comma bacilli, etc.

Helianthus Annus.

The *Homœopathic Recorder* of June 15, writes :

"This is a remedy that is rarely used, yet a Spanish physician has recently asserted that it is a splendid febrifuge, and can be used most successfully as a substitute for *Quinine*. It is a "people's remedy" in Russia, where the peasantry insist that it is *the* fever remedy. In Homœopathy it is recommended for old cases of intermittent fever. *Helianthus annus* is a tincture of sun-flower seeds."

We are aware of the properties of the *Helianthus* in India in respect to intermittent fever. Like it, in large doses the juice of the leaves of *Asclepias Gigantea* has cured many cases of intermittent fever when administered during intermission.

The Indian Bedbug and the Kala Azar Disease.

In *Science* of June 28, we find :

"It is not generally known by the entomologists of this country that the common bedbug of India is not *Cimex lectularius* Linnaeus, but *Cimex rotundatus* Signoret (= *macrocephalus* Fieber). Captain W. S. Patton, of the Indian Medical Service, has recently published important papers on this insect, especially in regard to its pathogenic relations. In a brief note on the distribution of these two house-infesting bedbugs published in the *Indian Medical Gazette*, XLII., February, 1907, he points out the above-mentioned fact, and leads us to form the opinion that enough observations have not been made along that line. *Lectularius* is apparently distributed mainly throughout the North Temperate Zone, while *rotundatus* is tropical or subtropical; and though until very recently known from Burma only, it is now recorded by Dr. Patton as occurring throughout India, Assam, Malay, Aden, Mauritius and Réunion (Patton, *ibid.*) and still more recently (Patton, April 4, 1907, *in litt*) it is recorded from St. Vincent, Sierra Leone and Porto Rico. I have specimens from Madras Presidency (South India), Réunion, Mauritius and St. Vincent, kindly sent by Dr. Patton.

These facts in regard to the distribution of the Indian bedbug become of economic importance in view of the now definite evidence which Patton presents that the dreaded kala azar disease of India is carried by that insect. This evidence is published as No. 27, new series, *Scientific Memoirs by Officers of the Medical and Sanitary Departments of the Government of India*, Calcutta, 1907, and is entitled 'Preliminary Report on the Development of the Leishman-Donovan Body in the Bedbug.' By the means of extensive experiments with bedbugs, it is fully demonstrated that these bodies, the cause of the disease, are ingested from patients and go through considerable development. In a postscript to this paper, Patton states that all of the intermediate stages of develop-

ment and fully developed flagellates have since been found in the insect, and he states his belief that 'it is beyond all doubt that this insect transmits the disease.' Owing to condition, it is impossible for him to test this directly by exposing healthy persons to the attack of infected bedbugs, but as it is, the evidence is complete and all of the facts point to the conclusion reached by Dr. Patton.

The establishment of this relation of the Indian bedbug to the transmission of a much-dreaded disease naturally directs our attention again to the pathogenic relations of our own common household pest, *Cimex lectularius* Linnaeus, which is now under investigation by some of the medical profession. A. ARSENE GIRAULT."

In homoeopathy the tincture of cimex has cured a few cases of intermittent fever, of malarious origin. The cause may be due to the absorption of malarial parasites by the insect. The curious part of the question is that all cases or types of malarious fevers are not cured by the tincture of cimex. Certain types with particular characteristics are amenable to the insect used as medicine.

Histology of Tuberculous Sputum.

The *British Medical Journal* of 13th July says :

" E. Lowenstein (*Zeit. f. Tuberk.*, Bd. x, Heft- 1, 1906) deals with the significance of the presence of tubercle bacilli within the leucocytes in tuberculous sputum and gives in tabulated form details of 56 cases in which this phenomenon has been observed. The following are his results : (1) Tubercle bacilli are found within leucocytes with from one to three nuclei in about 10 per cent. of cases of manifest tuberculosis of the lungs. (2) This intracellular disposition of the bacilli occurs (a) in well-marked chronic forms of the disease and (b) also in recent cases with a tendency to recovery. (3) The intracellular disposition of the bacilli very frequently points to a rapid disappearance of the bacilli from the sputum. The author also describes a case of rapid tuberculosis of the genital organs followed by tuberculosis of the bladder in which the intracellular position of the bacilli was first observed after tuberculin injections had been employed."

The phagocytic power of the white cells of the blood may save us from many dangers incident to microbes. It is evident that the white cells attempt to devour the tubercle bacilli. The struggle between the two becomes keen. The defeat of the micro-organisms can save us from destruction. Their victory is death.

It has also been observed that streptococci add their mischief by germinating in the intestinal canal, in tuberculous cases. The swallowing of the phthisical sputum is asserted to be a great danger, which produces streptococci in the intestines. But it remains unknown how the tubercle bacilli can degenerate and give rise to streptococci. It may be said that the attempt of streptococci is to destroy the tubercle bacilli. Any how the one is as dangerous as the other.

Neurasthenia.

The *British Homœopathic Review* for July writes :

"Neurasthenia is a common disease at the present day. Dr. P. Jousset has just described, in the *L'Art Médical*, a case, with the treatment he proposes.

A lady patient of his was, in the month of January, 1906, attacked with influenza. This was the occasion of an attack of neurasthenia, which began on January 31st, with anguish of mind, disordered sleep, and loss of strength. A prominent symptom that persisted for more than six months was a state of mental anxiety, characterised by fear; fear of events caused by socialism, so that she would have no money in the house. She was the same in regard to her own affairs; she dreaded the most necessary resolutions; she found scruples in what she had or had not done; she was a prey to a constant indecision. Fear, scruples, restlessness and anxiety characterised her condition. Night brought her no relief, though the form of the disturbance was altered; she was sleepless, and so hot that she was forced to uncover herself. She continually changed her position in bed; she was restless and desired to get up, and with it all there was almost the fear of death.

Her appetite, which was usually moderate, was now almost gone; she hardly ate anything, and as this went on for months she got very weak. During this time she was prone to attacks of *lipothymia*, which frightened her very much. There was excessive anguish, and fear of death, indefinite pains were felt all over the body with the exception of the head. During these attacks she was obliged to lie down, as she felt too weak to sit up.

Nux-vom., *ign.*, *tarentula*, and several other drugs were tried without any benefit. From a more attentive study of the symptoms, it was thought that *aurum* and *arsenicum* were indicated. *Aurum* 30, three globules thrice a day, and *arsenicum* 12, three globules in the evening, rapidly improved the case, so that by September she was practically cured. The attacks of *lipothymia* had been cured by *moschus* 1.

An examination of the pathogenesis of *aur.* and *arsen.* will show the perfect homœopathicity of our treatment.

Arsenicum.—This drug was given on account of the disordered sleep. On comparing Hahnemann's *Materia Medica Pura*, we find she cannot fall asleep before midnight on account of anxious heat, for many days (1010). About 1 A. M., excessive anxiety; sometimes she is hot, sometimes as though she would vomit (1009). The nocturnal pains only become tolerable when she walks about (773). She can find rest in no place, continually changes her position, will get out of one bed into another, and lie now here, now there (1008). Hahnemann says that this nightly restlessness "scarcely occurs so markedly in any other medicine." After midnight, feeling of anxious heat with desire to throw off the clothes,

(883). The whole night much heat and restlessness, on account of which she cannot fall asleep, at the same time pulsation in the head (874). We would further notice that the mental symptoms of *arsen.* and those of our patient were quite in accord, for Hahnemann expressly remarks anxiety and anguish with restlessness.

Aurum.—This drug has for long been regarded as an important one in cases of melancholy. Hahnemann asserts that he has cured cases of melancholy with a tendency to suicide by the first trituration of *aurum*. He further states that he has obtained more complete and rapid cures with *aurum* 30. In his *Materia Medica* we find the following: Very much given to feel offended; the slightest thing which he thought offensive affected him deeply, and caused him to resent it (337). He sits apart all by himself in a corner, wrapt up in himself as if in the deepest melancholy, if left undisturbed; but the slightest contradiction excites the greatest heat and anger (340). Constant sulky seriousness and reservedness (341). Peevish dejection; he thinks nothing will succeed with him (342). He thinks that everything happens awkwardly, or that he does everything awkwardly (343). Always restless and undecided... this condition deprived him of all perseverance, all energy (347). Great anxiety, that has its origin in the præcordial region... and that drives him from one place to another (350). Melancholy; he imagines he is unfitted for the world; he is filled with intense delight when he thinks of death, so that he longs to die (356).

The above extracts are sufficient to show how closely the symptoms of the patient corresponded to those of *arsen.* and *aurum*, as found in our *Materia Medica*."

Neurasthenia covers many phases and pictures of nervousness. From slight nervous prostration to extreme debility and palpitation, all shades of difference come under the domain of the disease. We successfully treated a bad case manifesting extreme weakness, pains running like electric shocks in different parts of the body, exhaustion to a degree which seemed to prove disastrous to life, palpitation so severe that pulse could not be counted during the fits of nervousness. He was under the treatment of a professor of the Calcutta Medical College without avail. Her heart troubles gave her greatest anxiety. The case was cured not by one medicine, but by successive use of several medicines in various dilutions not above 30th.

Plague in India.

The *British Medical Journal* of July 13, has the following statement with regard to plague in India :

"Mr. Field asked the Secretary of State for India whether he could state the total number of deaths in India from plague since it appeared, giving the number in each year; and what measures had been taken with a view of prevention. Mr. Secretary Morley answered that, according to a return which the Government of India had lately issued, the deaths were :

1896	...	...	...	1,704
1897	...	...	...	56,055
1898	...	...	...	117,953
1899	...	...	...	134,788
1900	...	...	...	93,150
1901	...	...	...	273,559
1902	...	...	...	577,427
1903	...	...	...	851,263
1904	...	...	...	1,022,299
1905	...	...	...	950,863
1906	...	...	...	332,181
1907 (January 1st to May 31st.)	...	...	...	991,003
TOTAL				5,402,245

The preventive measures which had proved most successful were: (1) The systematic destruction of rats; (2) disinfection of houses and clothing; (3) evacuation of infected localities; (4) inspection of travellers; (5) segregation of the sick; and (6) inoculation. He hoped shortly to lay papers upon the table which would give a fuller account of the policy of the Government of India."

Mr. John Morley's statement to speak the least of it is an indictment of the British administration in India. The admission of failure to obstruct the ravage of plague is nothing but a self-condemnation, being conscious of the fact that plague is a preventible disease and it was obstructed and abolished from Europe in the olden days. Doubt can not be entertained that he is aware of the fact of its abolition from England. Can it not be questioned that the methods adopted by the Government of India to obstruct its ravages have proved complete failures. After all the self-condemnation, the touchy government can not tolerate any remark on its admitted farrago of nonsense with regard to the plague administration.

CLINICAL RECORD.

Foreign.

CLINICAL NOTES AND CASES.

By R. F. RABE, M. D., New York.

CASE: *Constipation; Selenium.* During convalescence from typhoid fever Miss M., age 35, was much troubled by an annoying constipation. No desire for stool and no stool without an enema.

Stools enormous in size and requiring the severest straining to evacuate them; hard and dry.

After stool much exhaustion and sweat about the head and upper part of the body.

It seemed almost impossible for the stool to pass the anus.

These symptoms, together with the fact that the patient had always drunk tea to excess, led to the selection of Selenium, which remedy was given in a broken dose of the 200th potency, followed promptly by normally easy stools every other day.

In the same patient, during the latter part of the first week of the fever, and apparently as the result of the strenuous arguments put forward by the physician and nurse to induce the patient to submit to the use of a bed-pan, a sudden, seeming retention of urine developed. The nurse failing to facilitate micturition by the usual simple means, at length catheterized and was much perplexed to find no urine in the bladder. The case doing well on a single dose of Bryonia and no alarming symptoms arising, the suppression was not seriously regarded. At the end of eighteen hours a free emission of urine voluntarily occurred, but thereafter the patient, neurotic in the extreme, was raised upon the vessel in bed during urination. No medicine was given.

PRACTICAL WORK WITH THE REPERTORY.

CASE: *Cough; Nux.* Mr. C. P., medical student, presented these symptoms:

Itching and tickling under the sternum.

Cough < on first lying down.

Wheezing in chest under the sternum when coughing.

Thick, yellow mucus expectoration, more easily brought up by eating or drinking something hot.

Obstruction of the left nostril.

Cold drinks < the cough.

Cough < by thinking of his symptoms.

Five minutes work with Bönninghausen's Pocket Book brought out the following :

Cough < thinking of his disease (P. 304), *Agar.*, *Bar. c.*, *Calc. phos.*, *Dros.*, *Bell.*, *Nux vom.*, *Olean.*, *Oxyl.*, *Piper*, *Plb.*, *RAN. BULB.*, *SABA.*, *Spig.*, *Spong.*, *Staph.*

Cough : < from cold food or drink (P. 282), eliminating those remedies not occurring in both rubrics. *Agar.*, *Bar. c.*, *Bell.*, *NUX VOM.*, *Plb.*, *Sabad.*, *SPIG.*

Cough : < (first) lying down (P. 289). *Agar.*, *Bar. c.*, *Bell.*, *NUX VOM.*, *Plb.*, *SABA.*, *Spig.*

Obstruction of left nostril (P. 49). *Agar.*, *Bell.*, *Nux.*

Expectoration yellow (P. 119). *Nux vom.*

One dose of *Nux vomica* cm. (Sk.) promptly cured.

A CASE OF MUMPS, WITH COMMENTS.

Mr. W. S., age 34, was taken ill with mumps. He had recently been exposed to the disease, but thought little of it. The left parotid gland was swollen, though not greatly, with some temperature and thirst. *Rhus 30*, a few doses were given. The patient kept at his work about the stable, feeling mean, as he expressed it, but not sick enough to be in bed. The swelling subsided in a few days without affecting the right side very much, but the right testicle now began to swell. I had not seen the patient in the meantime, and on being informed of the metastasis sent one dose of *Pulsatilla 45 m.* (F.).

Two days later I was sent for and found the patient worse in every way. Temperature 104·8, pulse 100 and weak. Great restlessness and fear that something was going to happen to him. Had not slept at all the night before and was particularly anxious and restless during the small hours of the morning. Questioned as to his thirst he replied, "I want to drink constantly but I do not take more than a sip at a time." The right testicle was swollen to the size of a good-sized lemon, somewhat tender on palpation, but not very painful subjectively. The tongue was thickly coated white, with red edges. Of course but one remedy is possible, and so *Arsenicum album 900* (F.), in water, was ordered to be given every three hours. This was at 5-30 P. M. The patient was at once put to bed. On the following morning at 11 o'clock the temperature was 100, pulse 79 and stronger. The patient had slept and was no longer anxious or restless. There was no perceptible change in the size of the testicle. *Sac. lac.* was now given

in water every three hours. The next day the temperature was 99.6, pulse 66, and the patient feeling good but weak. Two days later, the testicle, though slightly less swollen than at first, showed no further signs of diminishing in size. One dose of Aurum met. 75 m. (F.), was now given and rapidly reduced the affected organ to its normal size within a few days.

COMMENT: This patient should have been more carefully prescribed for in the very beginning. This would have avoided the metastasis. Pulsatilla was given without seeing the patient, hence carelessly and for the disease itself. This is an old and common error which we all make at times, but should not be guilty of. Lack of time, hurry, thoughtlessness, all lead to routinism. Arsenicum was the patient's remedy, not that of, or for the disease. The patient's sickness was expressed in his individuality, peculiarities and characteristics as an Arsenicum sickness, hence Arsenicum alone could cure, given for the symptoms of the patient, not for the diagnostic label, mumps. Aurum was given for the product of the disease, i. e., a swollen testicle. Aurum produces such a condition pathogenetically. Hence this is an example of pathological prescribing, but based upon known facts, not upon hypothesis, conjecture, experiment or experience. It is therefore not empirical. Such examples are few in homeopathic practice, but will increase in number as our knowledge of materia medica increases. They can be made use of only in the absence of symptoms of the patient himself. For example, Pulsatilla will in a majority of instances cure a sty. If, however, the patient be a Thuja or a Staphysagria subject, the remedy will fail, although apparently demanded by the acute symptoms. Here, the remedy pertaining to the patient himself, not that pertaining to the disease itself must be given.

This is the great fault with our homeopathic text-books on practice. They all necessarily treat the disease, and he who is guided by their teaching finds himself lost in the wilderness of doubt and confusion. Jousset does not even mention Arsenicum in the treatment of mumps. Neither does Goodno, but this is not surprising when one has heard and knows Goodno. Practically all the works on homeopathic practice show this same lamentable misconception of the philosophy of Homeopathy. Hence Homeopathy as a school has largely lost its pristine vigorous individuality. Our old school friends cannot in the least be blamed when they fail to see any good reason why Homeopathy should longer continue its sectarian name. Single board bills in state legislatures are the in-

evitable consequences. Hypocrisy is rampant in the school, too much shouting for Hahnemann at alumni banquets by men who rarely or ever follow his precepts. Human nature is indeed strange.—*The Medical Advance*, June, 1907.

SULFUR: CALCAREA.

Mrs. L. consulted the writer in May, 1906, in regard to her son, æt. 14 months, of very poorly developed musculature for his age, the head lopping backwards when raised, the large fontanelle not yet closed, the head apparently moderately hydrocephalic, the face pale, somewhat bloated. Dentition had begun late, and each eruption had been very troublesome; restless sleep, the child starting up with a frightened cry, the well-known hectic cheeks, also fever and light convulsions. For weeks this condition, with accompanying mal-nutrition had been oft repeated, and the development of the child greatly delayed. Calcarea carbonica was the only possible remedy, of which the patient got morning and evening a dose of the 6th trituration. In July the mother wrote: "The child, since using the powders has cut four back-teeth without fever or other disturbance, much to my surprise and delight. For 14 days we have been without medicine, and it seems as though the eyeteeth were coming through, as for the last two days there has been unrest, hot head, and reddened lids." The remedy was of course, continued.

Mr. F., æt. 62, consulted me in April, 1906. In 1876 an accident caused loss of vision in the right eye. The left eye, since youth, has had central corneal opacities, and hence his seeing power has been much diminished. Since September, 1905, he has been in an oculist's care. From the old cicatrix in the right eye a grave inflammation had developed, and the patient was fearful lest this extend to the fairly good left eye and destroy it. During this period he has had many pains, and many crops of boils. The oculist had treated him with atropine instillations and ung. præcip., without result. I found a nearly vertical cicatrix in the median line, iritic adhesions to the corneal scar, marked redness and swelling of the conjunctiva, the whole eye greatly irritated. At the upper extremity of the scar the patient felt as if a foreign body were sticking in, and here was great sensitivity to pressure. Heat and sunlight were badly borne. During the last few weeks no boils had appeared, but the patient complained of piles, abdominal fulness, and constipation, and after meals congestion of the head. No local

applications were prescribed other than lukewarm compresses, while the plethoric condition was met by a proper dietary and other suitable measures. The whole condition called for sulfur; an uninterrupted improvement began, and in a few weeks he was able to take up his long-neglected work.

Another sulfur case may be mentioned which, superficially, seems to have no relation to the preceding. Mrs. R., æt. 54, was found lying in bed, a lean, slender individual, with yellowish complexion and a pained physiognomy. She had suffered for eight weeks with a severe sciatica; the least motion aggravated the violent pains which tearing and lightning-like shot from thigh to foot. She had previously suffered from chronic constipation, but now avoided stool for days for fear of motion, thus clearly adding to the pelvic plethora. The patient complained of great muscular weakness, almost paralysis, in the affected right leg. The nature of the pains led to the prescription of colocynth, without the least result, and electricity, baths and fango were equally ineffective. The pains continued. I then gave sulfur 3 on the totality, and its action was so remarkable that on the third day after the first dose the patient surprised me by taking a few steps alone, though with much swaying and holding fast. Dr. Karl Kiefer. *The North American Journal of Homœopathy*, June 1907.

SHORT CLINICAL NOTES.

BY DR. COMPSTON, CRAWSHAWBOOTH (LANCS.).

Lachesis.—This medicine is of great value in the debility some patients feel in spring. I have several patients who are troubled with debility, usually associated with want of appetite and emaciation—such symptoms as would suggest tuberculosis or other wasting disease—in the spring time. I have found *Lachesis* 30, t.d.s., of great value in this condition. I might add that the most marked cases have been females, and have belonged to families in which there was a history of tuberculosis.

Sulphur.—I will give two cases showing the use of this invaluable medicine. Girl, aged 17, thin, bilious temperament. Suffered from nocturnal enuresis when about 8 years old. Family and personal history good. For several months has had almost nightly enuresis during sleep. During the day there was a sense of tension in bladder region at end of micturition. Mouth very parched on waking in morning. One dose *sulph.* 30 given, and for three weeks

after this she only wet the bed three times. Another dose completed the cure. *Gentleman*, aged 39. Lympho-sanguine. Rheumatic and gouty family history. Healthy life and good habits. Eighteen months ago he developed an itching eczema of lobes and ear passages, with steadily increasing deafness. These symptoms were aggravated by bathing in salt water or if run down. His voice sounded a long way off to himself. Politzerising did not improve him. He had been to one or two ear specialists without benefit. A single dose *sulph.* 30 improved him so much that it was three months before he wrote to tell me he was quite better, the condition having gradually improved.

Æsculus.—Married lady, aged 35. Three children. Lympho-bilious. Very bad family history of rheumatism and phthisis. For years has had trouble in lower part of back; this has been much worse since child-bearing period, she having had pelvic abscess, &c. She has been to several doctors for her back. It was in *left sacro-sciatic region, aggravated on first rising in morning, having a stiff, bruised feeling; also much aggravated by prolonged exertion, especially the day after the exertion.* It was also aggravated three days before and during menstruation, which is regular, but excessive, lasting seven days. No complaint of piles. Dose, *æsc.*, cm. For a few days was decidedly worse, since then her back has not been so well for years, and she does not feel it in the morning. The patient is still under treatment for some uterine condition, which did not yield to a second dose of *æsc.*, cm., but has greatly improved since dose of *sep.*, cm., followed by *æsc.*, cm. I may say there were several weeks between each dose of medicine.—*The British Homœopathic Review*, July 1907.

LACHEISIS IN DIPHTHERIA.

BY J. ROBERTSON DAY, M.D.

Annie W., aged 2, came on May 24th, 1907, with a temperature 101.4°. She was very fretful, but able to come with her mother to the hospital. On examining the throat, a suspicious patch of membrane was seen on the left tonsil. With a swab I wiped off some of this, and the operation was accompanied by slight bleeding, although no force was employed. The swab was submitted to the Pathologist of the hospital, who reported, in due course, "cultivations made from the swab show the presence of the diphtheria bacillus." *Lachesis* 12, three hours, was prescribed.

On May 27th, the patch on the left tonsil had entirely disappeared, the child was very much better, with a temperature 98.6.

On May 30th, improvement was maintained, and *china* 3x *ter die*, was substituted for *lachesis* 12.

June 7th, she was feeling quite well.

ONOSMODIUM 3 IN CEPHALALGIA.

Walter R., aged 14, has been attending for some time with severe headaches, generally has two or three a week, ending with vomiting. He is a nervous boy, given to sleep-walking. *Bell* 3 and *iris* 3x were prescribed at various times with benefit.

I then found he was astigmatic with both eyes. This trouble was corrected, but still the headaches continued.

On May 17th, 1907, I prescribed *onosmodium* 3, and on June 7th he reported having had no headaches for three weeks.

Dr. Clarke's *Materia Medica* says "*onosmodium* has probably cured more cases of headache associated with eye-strain than any other remedy since it was proved."—The *British Homœopathic Review*, July 1907.

Gleanings from Contemporary Literature.

THE CROONIAN LECTURES ON PLAGUE.

By W. J. R. SIMPSON, M.D.

DISCOVERY OF THE PLAGUE BACILLUS AND ITS RESULTS.

Plague is a very ancient disease but the recent discovery of the causal agent is so epoch-making that it divides its history into two distinct periods of very unequal length. The first period is that previous to 1894, before the discovery of the bacillus of plague by Kitasato and Yersin. The second covers the years which have elapsed since that discovery. One extends over several thousands of years at least; the other is only some 13 years old.

The fact that the specific bacillus is found in the buboes of the bubonic form, in the blood of the septicæmic variety, in the contents of the vesicles and pustules that sometimes appear on the skin, and in the sputum of pneumonic cases places the physician in a more favourable position for diagnosis of this disease than he ever was before. It provides him with a test, confirmatory or otherwise, of the suspicions he may have arrived at from the clinical symptoms of the disease and enables him to come to a conclusion with a degree of certainty which was previously impossible. It should also put an end in future to the controversies and discussions similar to those which invariably arose in former times when an epidemic threatened and which resulted in loss of valuable time before measures were taken to check the epidemic.

Smears from the contents of plague buboes or from the hæmorrhagic effusion around them and from the sputum of pneumonic cases show usually on staining large numbers of bipolar microbes. In some cases, however, the microbes are few in number and in rare cases their presence is not discoverable by the microscope but only by culture and inoculation into susceptible animals. This is practically the rule for the blood in septicæmic cases and also in bubonic cases a short time before death. The typical plague bacilli with their bipolar staining and ovoid shape are frequently mixed with others less typical having a great variety of forms, including long and slender bacilli, and, taking on the stain more faintly. Spherical-like and disc forms may be found in old buboes during life and in affected tissues after death. These swollen and irregular-shaped bacteria do not stain well in their advanced stages and ultimately present only a mere outline. The importance of these forms lies in the fact that they are prone to lead to mistakes unless the great variations which the plague microbes may undergo are borne in mind. Valuable as the morphological and staining characteristics of the plague bacilli are in times of plague, they cannot be wholly depended on to decide whether the first cases of an unknown or suspected disease in a hitherto healthy locality are plague. Resort has then to be had to cultures which in the case of plague give particularly trustworthy results.

The stalactite growth in peptone broth which was discovered by Haffkine is the surest culture test in that no other bacilli give a similar stalactite formation. A few drops of oil or butter fat may be added to the peptone broth. In either medium kept in a condition of perfect quietness the plague germs grow from the surface downwards into the fluid in the form of stalactites. To obtain the formation the flask has to be secured against the slightest vibration and against sudden changes of temperature, especially if applied to one side of the flask. In London in the vicinity of the Underground Railway such are the vibrations that the stalactite formation is very difficult to obtain. If nutritive gelatin are used instead of broth and the culture is kept in the incubator at 35°C. the medium remains fluid and the stalactite formation is more easily obtained and is particularly typical.

The involution forms which the plague bacilli assume in dry agar are also very distinctive. They only appear in bacilli which have been recently removed from the bodies of plague patients and are generally lost when the microbe has been cultivated for sometime in the laboratory. The involution forms when quite typical are spheres and cells of various sizes resembling yeast cells and are many times larger than the bacilli themselves. They undergo various changes according to the age of the culture. Normal at first, they become slightly swollen and rounded; later their size increases and they may reach in volume as much as 20 times that of the original bacillus. These forms at first take the stain well but subsequently portions of the cell stain more faintly. Later the whole cell refuses to stain and ultimately there are seen only powder-like granules indicating the position of the cell. In other cases the involution takes another form such as pear and crescent shapes and filaments of unequal diameter.

A third characteristic is the appearance of the culture on dry agar. When the plague bacillus is spread uniformly over the surface of dry agar from which all condensation fluid has been evaporated the growth on culture is uniform and possesses a peculiar appearance. When the tube is held in a horizontal position with the growth downwards and is examined through the depth of the agar by reflected light it has the appearance of the sheen seen in the back of a looking-glass. Unless dry agar is taken this appearance is not obtained, and instead of a shining uniform growth there will be a layer of microbes of varying thickness and strewn over this growth will be colonies of different sizes suggesting contamination by extraneous microbes. Inoculation of the microbes into susceptible laboratory animals, such as rats, guinea-pigs, and mice, furnishes an additional test in these earlier cases.

The certainty of diagnosis which has thus been acquired by the physician is of inestimable value on the first appearance of suspicious cases in a community. Thus the public health authorities in this and other countries are able at once to determine whether a suspicious illness or death reported to them is plague or not and on the information so

obtained to take immediately, if necessary, the requisite measures to check the spread of the disease. Certainty of diagnosis is not the only advantage derived from the discovery of the bacillus. Investigations into plague have been given a precision which was impossible before and many observations can now be confirmed by experiments. For instance, it is now absolutely proved that the epizootic of rats which has been observed so frequently as associated with plague epidemics is plague in rats. The relationship was formerly suspected, but now it is established. The isolation of the bacillus has also led to the discovery of Haffkine's prophylactic, the value of which as a preventive of plague is, as will be shown later, well established. Whether sufficient advantage has been taken of the new knowledge thus acquired will be considered afterwards.

It would be a mistake to suppose that because the present period has been so fruitful of results from a scientific and practical point of view that the past is sterile. On the contrary, it is full of observation of the highest importance, the value of which is only being slowly realised as greater experience in plague epidemics is gained. The clinical aspects of plague are as well described by the older authors as by the most recent, the mortality is as great to-day as formerly, the variation in the types of the disease was known, and the epizootic among rats and other animals, and the role which some of them play in the spread of the disease were recognised, although not proved to demonstration as now, and formed the bases of some of the preventive measures employed to check the disease. It will accordingly not be wasting time to refer briefly in this first lecture to some of the more salient facts connected with the history of plague. The antiquity of the disease, its endemic centres, its pandemics, and epidemics, which are all so well described by Dr. J. F. Payne, a distinguished Fellow of this College, need not detain us.

THE PANDEMICS OF THE SIXTH AND FOURTEENTH CENTURIES.

Pandemics of great magnitude are fortunately few in number and far between. There have been several pandemics, but two only are recorded as standing out conspicuously as scourges of a particularly devastating character and the effects of which were felt for many years after they had disappeared. These were the Justinian pandemic in the sixth century and the Great Pestilence of the fourteenth century, later called the Black Death. The long interval of 800 years intervened between these two great pandemics of plague. Between them were many epidemics of plague in Europe, Asia, and Africa, some of which assumed more or less pandemic proportions, but none reached the dimensions of these two. The origin of neither is known, but in both great commercial centres played a prominent part in maintaining and distributing the infection. The Justinian plague, which continued over 50 years, first attracted attention by its outburst at Pelusium, which was then an emporium for the produce of the East and the West. The endemic centres of Mesopotamia, Arabia, and Æthiopia were in commercial relationship

with *Pelusium*, and it is probable that the infection came from one of these. The balance of evidence is in favour of *Æthiopia*. It is a matter of interest to note that within recent years endemic centres of plague have been discovered in German East Africa and Uganda. The town in which plague reaches such dimensions as to attract more than local attention is seldom the one in which it originates. For instance, at the present day the pandemic now prevailing is commonly attributed to Hong-Kong and Canton, whereas the disease was brought to these cities from the Chinese endemic centre of Yunnan.

The great pandemic of the fourteenth century was also associated with large commercial centres, for it entered Europe by the important emporiums and marts situated at that period on the Volga and in the Crimea and which, as pointed out by Creighton, were the terminal marts of the northern caravans from China and the Far East. It should be mentioned, however, that they were also the marts connected with the trade routes from India. The origin of the pandemic has been ascribed to China and to India. The Russian records place its starting point in India. Clemow, in his recent work entitled "*The Geography of Disease*," points out that plague prevailed in India in 1332 and that probably the Russian chroniclers are correct. Wherever the pandemic arose there appears to have been for several years a wide diffusion of the disease in the large dominions belonging to the Tartars and the Turks who at that time ruled over the greater part of Asia. Galfridi le Baker Swynebroke set down the period of prevalence in Asia before plague entered Europe as seven years. When it did arrive it is estimated to have destroyed 25,000,000 of its inhabitants. England and Wales at the lowest computation lost 2,500,000 of its inhabitants, or about half of its total population.

For over 300 years after this visitation Europe suffered from fresh invasions of plague which reinforced the languishing infections already existing from previous ones. In the countries attacked there were some epidemics in towns, which though continuing only for a few months, are memorable for their great mortality. For instance, the epidemic in Venice in 1576 caused 70,000 deaths; that in Moscow in the same year, 200,000 deaths; that in Naples in 1656, 300,000 deaths; that in Rome in the same year, 145,000; that in Genoa, 60,000 deaths; and the epidemic in London in 1665, nearly 70,000 deaths. It was exceptional for an epidemic to recrudescence and occur year after year, which in India is almost the rule, so that in the latter case the mortality, though smaller in individual epidemics, gradually accumulates, with very few exceptions, to a proportion as great if not greater than that recorded in former times. Thus, for instance, in Poona, which is a town with a population of 120,000, over 40,000 of its inhabitants have died from plague in ten years, which is proportionally at least twice the mortality of the great plague of London in 1665. In Bombay over 150,000 of its inhabitants have been destroyed by plague. In this respect the history,

of plague tends to repeat itself. In the pandemic of the sixth century it is recorded that "if it passed over any place only slightly or mildly touching the inhabitants it returned there afterwards leaving untouched the neighbours against whom it had spent its rage before, and it did not depart from there until it made up the full measure of the dead in proportion to the amount of destruction which it had brought on its neighbours."

• THE EFFECT ON THE LIVING OF GREAT EPIDEMICS OF PLAGUE.

Great epidemics of plague not only destroy large numbers of people but they leave their traces on the living. The effects on the living have usually been very marked and very similar. They are mostly psychological and social in their nature. Great numbers of the living are unable to bear the strain of the scenes around them and the uncertainties of life which the epidemic brings too plainly before them. Minds which have hitherto been sober and calm become overwrought, unhinged, and hysterical. Excitability and suspicion are engendered, often leading to illusions, delusions, and excesses of all kinds, which in some instances become contagious and dangerous. The change is not sudden but comes gradually. First of all, the normal courage solicitude for the sick, hope, and religious trust which belong to the healthy mind are unaffected, but later these are associated with intense pity, exaggerated religious fervour, and the deepest despair. Then they are followed by panic and a total revulsion of feeling in which the predominant features are fear, selfishness, callousness and heartlessness, and later still if the scourge continues, there is a display of all the most sordid and worst passions on the part of the unbalanced portion of the population.

Plague above all disasters, tends to bring out for a time the weak points in humanity and seldom the virtues. Hecker gives an account of the frenzy and mania caused by mental strain brought on by the terrible events associated with the Black Death. He describes the doings of the flagellants in Germany, Hungary, Poland, Bohemia, Silesia, and Flanders, who marched through the cities in well-organised processions and who bore triple scourges, tied in three or four knots, in which points of iron were fixed and with which they flogged themselves. Harmless and welcome at first they later became a terror to the inhabitants of every place they visited. He describes also the epidemic of dancing mania that followed and he gives an account of the cruel and fanatical persecution and wholesale massacre of the Jews who were accused of poisoning the wells and thus causing the plague. He says: "Already in the autumn of 1348 a dreadful panic caused by this supposed empoisonment seized all nations; in Germany especially the springs and wells were built over that nobody might drink of them or employ their contents for culinary purposes, and for long time the inhabitants of numerous towns and villages used only river and rain water..... By this trying state of privation, distrust and suspicion, the hatred against the supposed poisoners became greatly increased and often broke out in

popular commotion which only served still further to infuriate the wildest passions." The suspicion and rumours regarding the poisoning of the wells in Panjab are only the reappearance of a part of the credulity and delusions which prevailed during the time of the Great Pestilence of the fourteenth century.

There were other effects besides these disorders of the mind. The whole social structure became seriously disorganised owing to vast tracts of country becoming waste land and an immense number of huts and houses becoming tenantless. Price of commodities rose, rents fell, payment of the taxes on land could not be obtained. There were agrarian, labour, and political troubles. Labourers and workmen were scarce and demanded higher wages, and it was found impossible by laws, imprisonment, fines, or any other methods, to bring them to conform to the older order of things. A new era with a new spirit sprang into existence which in the course of years and after many struggles banished the old.

THE PERIODIC QUIESCENCE AND RECRUDESCENCE OF PLAGUE.

The epidemics of the East and West have generally been more or less synchronous with one another. The last pandemic of plague was in full activity in the seventeenth century and covered a large portion of Asia, Africa and Europe, but towards the end of the century the disease began to contract its limits, leaving Western Europe free in the course of a few years, a freedom which, with one notable exception, has continued. That exception was the epidemic in 1720 in Marseilles, when 60,000 of its inhabitants died from plague which had been imported from the East. As regards the rest of Europe the retrocession continued, and in the course of 150 years plague not only disappeared from Europe altogether, but also showed a remarkable cessation in its old endemic centres of Mesopotamia and Arabia. What remained of the disease was shown by Tholozan to pass through a very definite stage of development, being mild at first, then virulent and again mild, and the preponderating element was mildness. The mild plague consisted of glandular swellings unaccompanied by fever, the swelling showing themselves in the groin, armpit, or neck. The epidemics which Tholozan studied were observed by him to be self-limiting in their extension and, as he points out, were not controlled by the plague measures which were often adopted after the plague outbreak had ceased. Within recent years the plague epidemics that arose from the old centres in Mesopotamia and Arabia were apparently incapable of wide extension and even under conditions seemingly most favourable for their spread. The conclusion from Tholozan's researches appeared to be that for epidemic plague endowed with qualities of diffusion, whatever that may mean, no quarantine on land would stop its progress, while for other epidemics of a self-limiting character quarantine on land was not required.

Following the retrocession and contraction of plague Europe has remained free for over 60 years, broken only by a short but virulent

outbreak on the Volga in 1879, investigated by Dr. J. F. Payne and Surgeon-Major H. Colville; by a small outbreak at Oporto in 1899, and a few cases at Glasgow and Naples in 1900. Western Europe has been free for nearly 200 years, the last epidemic being at Marseilles nearly 187 years ago. The Great plague of London occurred more than 240 years ago.

Quiescence of plague for varying periods is not a new feature in the history of the disease. It is necessary to emphasise this fact, for the long quiescence in Western Europe has given rise to the view that Europe has seen the last of its plague epidemics, and accordingly the epidemic, now prevailing in India is viewed with regrettable complacency. I think this view of the invulnerability of Europe is as likely to be as correct as the prevalent notion that London was freed of plague by the Great Fire, irrespective of the fact that plague remained in London for 14 years after and that the disease disappeared from the whole of England and most of Western Europe about the same time.

Subsequently to the Justinian plague and its offshoots Europe, with the exception of an epidemic in Constantinople in 697 and another in Sicily, Calabria, and Constantinople in 749, remained free from plague for 400 years, and Syria, which is nearer the endemic centre of Mesopotamia, remained free for 200 years. Bagdad itself in the centre of the endemic area remained free for some 50 years at the commencement of the Abbasidic dynasty at a period of unexampled prosperity. Moreover, Egypt, which has suffered at varying intervals from devastating epidemics of plague during the past 2000 years, remained free from the disease from the eighth to the eleventh century, or a period of 300 years. Long immunity of towns as of countries is also not uncommon in regard to plague epidemics even when plague is in the country. When Bombay was attacked with plague in 1896 it had been free from the disease for 184 years, when Moscow was attacked in 1771 it had been free for 150 years, and when London was attacked in 1499 it had been free for 150 years.

Various explanations have been given of the retrocession of plague from Europe. It has been ascribed to the social and sanitary improvement of the people since the seventeenth century; it has recently been set down to the invasion of the *Mus decumanus* at the beginning of the seventeenth century and the retirement, except from the seaports, of the *Mus rattus*; and it has been attributed to the abandonment of overland routes as the principal means of transport and communication between the East and West, to the substitution of sea routes, and to the introduction of quarantine at seaports trading with infected countries. None of these explain in a satisfactory manner the sudden retrocession of plague which stands as a remarkable epidemiological fact, but individually and collectively they may have exercised an important influence in keeping the disease in check once it had receded. Probably the most powerful of these was the change of land routes to sea routes.

whereby the transport of goods from the East to Western Europe was no longer effected by caravans which passed through the endemic centres of plague in Mesopotamia and Arabia. It was a change which must have materially lessened the chances of infection and of importation of the disease. From this point of view the new railway schemes which are to link the East with the West and reopen the old overland trade routes are not unlikely, unless special precautions are taken, once more to bring with them the risks of plague importation.

THE GENERAL CLINICAL FEATURES OF PLAGUE

Clinically, plague presents the same features to-day as those described by the most ancient writers on the subject. The accounts of the disease are remarkably alike whether given by Dioscorides and Posidonius in third century before the Christian Era and referred to by Rufus a century later when writing of the plague prevailing in Lybia, Egypt, and Syria, or by Procopius in the sixth century, or by Guy de Chauliac in the fourteenth century, or by Skeyue in the sixteenth century, or by Diemerbroeck, Lodge, Hodges, or Bognhurst in the seventeenth century, or by the numerous writers on plague since that time up to the most recent years.

The glandular swellings in the bubonic form, the coughing of blood in the pneumonic, the extreme prostration, pallor, muscular weakness, delirium and rapid death in the septicemic, and the appearance of boils or blairs in the carbuncular type have been observed and described in both ancient and modern epidemics of plague. Procopius graphically describes the sudden onset and fever, the appearance on the day of attack or the next day or a few days later of the bubo in the groin and armpit and sometimes in the neck, the drowsiness in some, the madness in others, the desire to wander, and the difficulty of keeping some patients in bed; he mentions the large size and suppuration of the bubo as indicating a milder attack and the reverse a severe and fatal illness and he draws attention to a feature which every physician soon learns for himself—viz., the uncertainty of prognosis. The patient's appearance is most deceptive and cannot be taken as a guide; patients pronounced to be getting well will not infrequently suddenly die and others in whom all hopes of recovery are abandoned recover with a rapidity that is marvellous. Procopius does not forget to record the comparative immunity of physicians and attendants.

The description by Guy de Chauliac of the epidemic of Avignon in 1348 is of special interest because it is written by a medical man of high standing in his day and because it distinguishes more clearly than others before him the pneumonic and bubonic forms of plague. Guy de Chauliac was himself attacked with plague towards the end of the epidemic but recovered. He says: "I felt a continued fever with a swelling in the groin and was ill more than six weeks in such great danger that all my friends thought I should die, but the swelling ripening under the treatment I have described, I escaped by the mercy

of God." The treatment consisted in the application of the figs and cooked onions mixed with plantains and butter, to ripen the swellings, followed by incisions and the usual treatment of open sores. Describing the epidemic he says: "The plague commenced in January, & continued seven months during which time it appeared in two forms. During the first two months it was accompanied by a continuous fever and with a coughing of blood. All who were attacked died in three days. During the other months the continuous fever was accompanied with tumours and boils which appeared on the external part of the body chiefly in the armpits and the groin. Those who were thus attacked died in five days. The disease was so severe and so contagious, especially that which was attended by coughing of blood, that it was contracted not only by visiting and living together with the sick, but by being in their presence, so that people died without service and attendants. Men were buried without priests and without religious rites, the father abandoned the son, and the son approached not the father. Charity was dead and every hope lost."

The very infectious character of pneumonic plague as distinguished from the other forms of the disease is now fully established, and it is the one form which is dangerous to medical men, nurses, and attendants on the sick. The sputum and blood coughed up teem with plague bacilli, as was first shown by Major L. F. Child of the Indian Medical Service. Fortunately, most epidemics of plague partake more of the bubonic than the pneumonic variety, otherwise the liability to infection would be as great as it is in influenza.

VARIAION IN TYPE AND BEHAVIOR OF DIFFERENT EPIDEMICS.

All epidemics are not alike, although their general characters are similar. The bubonic, pneumonic, septicæmic, and carbuncular varieties of the disease may vary much in their relative proportions in different epidemics, and symptoms may be present in some epidemics which are absent in others. The situation and relative position of the buboes may differ, and instead of being with the usual frequency in the groin, armpit, and neck may be found in the popliteal space, elbow, and other positions. In older epidemics carbuncles and tokens or petechiæ were observed, but they have been rare in later epidemics. In the epidemic of sixth century affections of the throat and withering of the limbs and gangrene were added to the buboes, carbuncles, and black boils, or pustules; in the fourteenth century the pneumonic form was particularly prevalent; in the sixteenth and seventeenth centuries sweats were a distinct feature. In the plague of London there were coloured sweats. Hodges says: "These sweats also of the infected are not only profuse, but also variously coloured; in some of a citron hue, in others purple, in some green or black, and in others like blood. The sweat of some would be so foetid and intolerable from a kind of empyreumatic disposition, possibly of the juices, that no one could endure his nose with the stench. Nothing of this kind has been

recorded in recent epidemics, nor have the carbuncles which formed a very conspicuous and common feature in many epidemics been observed of late years with much frequency; when they have been observed the type of plague has generally been of a milder character. This mildness was also noticed in a number of the Egyptian epidemics contrasting much with other epidemics in which the carbuncles always signified a very fatal form of the disease. The comparative absence of nervous symptoms and septicæmic cases gave to the Cape Town epidemic a character differing in these respects from that of the Hong-Kong and Bombay epidemics which I saw. The Poona epidemic of 1906 also struck me as presenting fewer of the nervous disturbances which I witnessed there, in the epidemic of 1897. It is noticeable that when the disease is comparatively mild views as to its non-contagiousness prevail, whereas when severity is its distinguishing feature contagion is in favour. Recent observations would indicate that both contagionists and non-contagionists were right to some extent, though their views were of the most opposite character. Pneumonic plague is directly infectious from man to man, the bubonic is not directly infectious, while the septicæmic may possibly be both directly and indirectly infectious. It would accordingly depend on the proportion of each of these varieties in an epidemic as to the contagiousness* or the non-contagiousness from the disease being most predominant.

The great proportion of pneumonic cases in the epidemic of 1348 and the contagiousness of this form of the disease probably account for the rapidity which characterised its spread and which has recently been observed to be a marked feature in small local outbreaks of this form of the disease. If this pandemic be excepted together with a number of small local outbreaks of plague one of the peculiarities of plague is its slow progress from place to place, districts and towns close to those infected remaining for a long time free from the disease.

A frequently quoted instance is the Great Plague of London taking six months to travel from St. Giles's to Stepney. In Bombay the plague confined itself to the dock quarters before it spread to other districts. At Poona over six months elapsed before the disease established itself at Kirkee which was in daily communication with Poona and only separated by a river spanned by a bridge. During the first outbreak in Canton in 1894 in which 80,000 out of 1,000,000 inhabitants died from plague, the disease never crossed the narrow creek, some 20 yards wide, which separated plague-infected houses in the Chinese town from the European settlement of Shamien; neither Europeans nor the Chinese servants on the premises nor the rats in the foreign settlement were affected. The water here provided a check to the spread of the disease. It was also observed that the Chinese population living on the river did not suffer from the epidemic, which reminds one of a similar observation during the Great Plague of London. It is facts such as these and that animals living in the

ground were affected by plague that gave rise to the view held by the Chinese and the older non-contagionists in Europe that plague was a soil disease and that the spread of it was due to miasmata from the ground. The discoveries of Manson and Ross have revolutionised our notions of miasmata, and from this new standpoint the miasmata of plague appear to be explained by the role which the rat and the flea play in the dissemination of the disease, but many links are wanting before a satisfactory explanation of the recrudescence of plague is available.

ANCIENT ASSOCIATION OF THE RAT WITH PLAGUE EPIDEMICS.

The association between plague and rats is a very old observation. Apart from scriptural references there is evidence derived from some of the ancient monuments and coins of the connexion being known. Apollo and Æsculapius are each represented with the rat at their feet. There was the famous statue of Apollo by Skopias in which the god has a rat at his feet. Snakes are destroyers of rats, and in Asia Minor and elsewhere before the advent of the cat harmless snakes were kept in houses and in the temples doubtless for that purpose. This practice probably explains the accounts so frequently given of snakes and serpents dying during epidemics of plague. Both the cat and the snake were venerated for their services to man.

There is an interesting coin brought to my notice by Dr. Sambon and which can be seen in the collection of colonial Roman coins in the British Museum. It is a coin of the Emperor Lucius Verus struck at Pergamum in Asia Minor during a plague epidemic and represents Æsculapius with a rat at his feet and a small human figure standing by with his arms outstretched in the attitude of fear or worship. In the same collection there is a medallion of the Emperor Antoninus struck in commemoration of the erection of a temple to Æsculapius on the Tiberine Island at Rome. Plague was epidemic in Rome and a mission was sent to the temple of Æsculapius at Epidaurus to ask for advice. The advice given by the Æsculapian priests was apparently to destroy the rats, for on the reverse side of the coin is the return of the mission with a serpent, being welcomed by the river god.

The dissemination of plague by domestic animals was formerly recognised even more than it is at the present day and very decided views were held, particularly regarding those animals in close association with man; not only rats but also dogs, fowls, and pigs were held to be agents in spreading the disease. When plague prevailed in Europe these animals were as much inmates of the house as the people themselves and it was observed, as it is in South-Western China to-day where the same conditions prevail, that during epidemics of plague the rats, fowls, pigs, and cattle sickened or died, which was attributed to plague. In the pandemic of 1348 it is recorded by numerous observers that dogs, cats, fowls, cattle, and rats died from the disease. Skeyne in 1668, in his work on the pest, states that "quhan the domestical foules become pestilential it is ane sign of maist dangerous pest to follow." The

observations became so general that they formed a basis for certain orders in regard to the suppression of plague. Every European country has in its old orders concerning the checking of plague epidemic instructions to the inhabitants under certain penalties to kill domestic animals or to keep them confined to the house. Creighton mentions some of these orders as bearing on the regulations in England and Scotland against the spread of plague.

In the regulations in London against the plague in the seventeenth century it is ordered that no hogs, dogs, pigeons, or conies shall be suffered to be kept within any part of the City. In Rouen on April 14th, 1407, it was ordered under penalty that no person of any condition or rank should keep pigs. When plague broke out again in 1498 a similar order was issued, and in 1566 the priests of the Madeleine and Commander of St. Antoine were forbidden to keep in their houses pigs, fowls, and rabbits. At Evreux in Normandy a police order was issued in 1561 that every one of whatever quality or rank should not keep pigeons, fowls, rabbits, and pigs under penalty of confiscation and a fine of ten livres, and anyone giving information would receive half the fine. The killing of dogs is in nearly every order. A photograph, kindly lent to me by Mr. Henry Wellcome of a painting in the archives of Bologna representing a plague epidemic in that town is interesting, as it illustrates the actual killing of dogs during the epidemic. The picture shows the magistrate and his officers on duty. Some of them are removing the dead which are being lowered from the windows of the infected houses; priests are also to be seen administering the Sacrament. In the foreground are some men killing a dog and a little farther back there is a dog transfixed with an arrow. Similar measures for controlling plague were taken at Palermo in 1575. Ingrassia says, "an excellent measure was proposed and carried out. All dogs, cats, and other animals that might convey the plague from one house to another were to be destroyed." Not only were the dogs of the town destroyed but all those within a radius of at least four miles. Fiocchetto, describing the measures that should be taken in the event of the discovery of an infected person in any house, says "fifthly, having killed all cats, dogs, fowls, and pigeons prepare arsenic for the rats." No mention is made of fleas on these animals but it is evident that experience had taught the authorities that these animals sometimes by contracting the disease and sometimes by carrying the infection on their coats, furs, and feathers, though not infected themselves, conveyed plague. In connexion with the conveyance of the infection by animals not suffering from the disease there is the observation made by the Austrian Commission in 1897 of plague bacilli appearing in the fæces of a dog fed with plague material.—*Lancet*, June 29, 1907.

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MEDICAMENTS OF LEUCORRHŒA.

BY DR. CHIRON.

(Continued from p. 274).

Ignatia. Flow white, puriform, acrid, gnawing, preceded by uterine cramps.

Iodium. Leucorrhœa extremely acrid, gnawing and corroding the skin and linen. Females slender, and delicate. Strumous antecedent, great heaviness of the body and *excessive palor*. Chronic congestion or inflammation of the uterus and ovaries (right side has the preference). Induration of the uterus. Carcinoma in the neck of the uterus.

Kali Ars. Leucorrhœa abundant, acrid, brown, very corrosive. Uterine pain. Great feebleness with perspiration at the least movement. Melancholic character.

Kali Bichrom. Leucorrhœa yellow, viscous, thick, coming out in long filaments. Painful weakness in the loins and pressure in the epigastrium. Painful sensibility in the vagina as if the vaginal mucous membrane is sensitive. Itching of the vulva. Dyspepsia and habitual constipation. Uterine subinvolution. Particularly indicated in fat females, with light blonde hairs.

Kali Carb. Mucous leucorrhœa with pruritus and burning heat in the vulva. Leucorrhœa yellowish, acrid, corrosive.

Acute painfulness; cutting across the lumbar region, extending to the extremities. The menses have sharp smell and are very acrid, excoriating the thighs with great soreness of the back and pricking pain in the abdomen. Chronic metritis. Anæmia in old, fatty and lax females.

Kali Ferrocyan. Leucorrhœa purulent, abundant, yellowish, creamy, non-irritant. Inferior part of the abdomen is sensitive to pressure. Menstruation retarded.

Kali Iod. Leucorrhœa coming in small quantity, acrid, corrosive, with itchiness of the vulva and sensation of excoriation of the pudendum. Flow white, milky, or resembles smegma. Leucorrhœa yellow or green of a putrid odour. Flow of mucus from the vagina. Coryza acrid and violent from slight cold. Diarrhœa with pain in the sacrum. Scrofula. Secondary syphilis. Chronic rheumatism. All symptoms aggravate by rest and ameliorate by movement.

Kreasotum. Leucorrhœa whitish, not-painful, flowing as menses and preceded by pain in the loins with heat of the face. *The menstruation which has since terminated, reappeared without cause, therefore it proves injurious that it came far in advance.* Leucorrhœa milky, acrid starches the linen and spots yellow. Flow having fleshy colour and bad odour. Flow of blood and mucus, when she raises herself. Leucorrhœa acrid, foetid, ichorous, corrosive, with violent pains of pricking, burning and excoriating in the pudendum, between the lips and thigh. Sometimes abundant flow of black and coagulated blood. Frequent desire to urinate, preceded by white flow which colours the linen yellow. Inefficacious desire to urinate, when it is satisfied, it is accompanied by coldness and milky leucorrhœa. Great feebleness; least effort causes profuse sweat. Young blonde girls, very tall, of melancholic and irritable disposition.

Lac Caninum. Leucorrhœa flowing only during the day, aggravates by walking and in standing position. Flow whitish and aqueous which increases at the time of the menses. Pain in the loins without a fixed position passing from one side to the other.

Lachesis. Leucorrhœa preceding menses, abundant, mucous, stiffens the linen and colours it greenish. Leucorrhœa with irregular menses, very feeble, and of short duration. The patient can not bear any pressure, even of his cloth on the uterine region. Great prostration, particularly after an effort or an exercise. The patient finds herself miserable in the morning she awakes or at night if she rises; during the night she feels chilly in bed; during walk she often complains of flushes of heat. Uterine congestion with prolapsus uteri. Excoriation in the neck of the uterus; the neck of the uterus is very sensible to touch and bleeds easily.

Lilium Tigrinum. Leucorrhœa abundant, brownish, clear, yellow often excoriating, spots the linen brown. Leucorrhœa with sensation of pressure towards the base of the uterine region, increases from mid-day to mid-night, afterwards diminishes till the following mid-day. Sensibility in the hypogastric region. Leucorrhœa abundant and acrid after cessation of the menstrual flow. Loss of appetite. Painful urination. Uterine displacement, particularly flexion and prolapsus due to relaxation. General debility.

Lycopodium. Leucorrhœa abundant comes at interval. Itchiness increases at each menstrual period. Pricking pain from the right to the left side of the abdomen. Gurgling in the left iliac fossa. Sensation of fulness after eating; first course; abdominal fermentation.

Magnesia Carb. *Chronic leucorrhœa.* Flow clear white, slightly abundant; flow especially after mid-day, during walk and in the sitting position. Pinching around the umbilicus. Uterine cramps. Itchiness at the pubis. Flow acrid, mucous, preceded by colic.

Magnesia Mur. Leucorrhœa abundant, flows especially after stool or in the morning after passing urine, also after bodily exercise. Uterine and abdominal cramps. Flow white, thick in the interval of the menstrual epochs and followed by sanguinolent discharge. Abundant vaginal flow of thick aqueous mucus. Bruised pain in the loin and hip.

Magnesia Sulph. Leucorrhœa burning particularly during movement. Leucorrhœa abundant thick as the menses with bruised pain in the lower part of the back and thigh. •

Mercurius Sol. Leucorrhœa worse at night (from 8 to 10 p.m.), prurient, burning, corrosive, with flakes of mucus or purulent discharge. Leucorrhœa of purulent aspect with ulceration of the internal and external parts. Buttons or tubercles in the labiæ. Urine of high colour deposits sediment resembling starch or chalk. Scorbutic appearance of the gum. Tonsils increase in volume.

Mezereum.—Leucorrhœa chronic, corrosive, malignant, resembles the white of egg. Violent irritation of the vagina. Hemorrhœa of the urethra with pricking and burning during urination. Uterine ulcer with sensation of burning, smarting and pricking. Albuminous flow sometimes tinged with blood by the vagina. The menstruation comes as a fortunate event and lasts a long while with leucorrhœa and prosopalgia. Anal prolapsus. Constipation.

Murex Purp.—Leucorrhœa greenish or sanguinolent *only during walk* alternating with mental symptoms and pain in the sacrum. Abundant leucorrhœa with sensibility of the uterus. Menstruation irregular, abundant frequent with clots. Great desire, excited. *Violent sexual excitement provoked by slight contact with the parts.* Nymphomania.

Muriaticum Acid.—Ulceration of the genital parts with emission of bad odour. Leucorrhœa with pain in the back. The menses are in advance. During the menses, pain in the anus.

Natrum Carb.—Flow white, preceded by colic or intestinal pains, day and night; flow white, thick, or yellowish, comes during urination or after passing urine. Menses late, rare resembling the washing of meat. Aversion to mankind, irresistible sleep; weak digestion; great fatigue after little exercise. Induration of the neck of the uterus.

Natrum Mur.—Nocturnal leucorrhœa. Leucorrhœa excessive, abundant, mucous, white, transparent and thick. Acrid leucor-

rhœa with itchiness and smarting pain in the vulva and crampy pain in the abdomen. Leucorrhœa with headache, colic and mucous diarrhœa. Flow yellowish or greenish, particularly during walk in the morning. Uterine prolapsus with sensation of soreness in the urethra after passing urine. Itching in the vulva. Menses irregular, ordinarily abundant. Suppressed menstruation. Aversion to sexual connection. Irritable humour after sexual connection. •

Natrum Sulph.—Leucorrhœa at the end of the menses, accompanied by great weakness. Bleeding from the nose during menses which are abundant and acrid. Flow mucous, acrid, corrosive in the vagina. Herpetic vulvitis. Bleennorrhagic leucorrhœa yellowish green. The back seems to be broken. Oppression on walking.

Nitricum Acid.—Leucorrhœa after the menses, flesh-coloured, green, or foetid or filandrous and corrosive. Violent itching of the sexual parts; it makes its presence always towards night, sometimes on walking. Acute pain in the vagina from below upwards. Cold aggravates the leucorrhœa and pruritus. Epistaxis at night. Menses in advance, abundant and resemble dirty water. Syphilitic ulceration with tendency to rapid destruction of tissues, irregularly formed, and of fatty or greenish colour with corrosive flow. Swelling of inguinal glands. Mercurio-syphilitic inflammations; condyloma.

Nitrum.—Leucorrhœa clear, white, stiffens the linen, with breaking pain in the loins.

Nux Moschata.—Vicarious leucorrhœa in the place of menses. Leucorrhœa bloody and muddy. Leucorrhœa with prolapsus of the vagina and uterus. Females always awake with dry tongue. Hysteria. Globus hystericus. Weakness with palpitation of the heart followed by sleep. Physometry.

Nux Vomica.—Leucorrhœa foetid, spots the linen yellow. Flow white, mucous. Sensation of pressure in the neck of the uterus. Prolapsus of the uterus and vagina. Constipation. Dysmenorrhœa with pain in the sacrum and constant desire for passing stool. Urine frequent; urine deposits brick-red sedi-

ment at the bottom of the vessel. Menses in advance and of long duration.

Palladium.—Leucorrhœa glairy, transparent, resembles gelatine, worse before or after menses. Pain and feebleness as if the uterus is coming lower down. Pain in the back and hips with coldness of the extremities. Pain and swelling of the right ovarian region. Acute pain as of thrust of knife in the uterus, diminishes after stool and sleep.

Petroleum.—Leucorrhœa abundant, albuminous, with voluptuous dream, burning in the genital organs, with flow of a small quantity of blood. Menses in advance.

Phosphorus.—Leucorrhœa inflammatory, smarting, corrosive, gnawing and vesicating. Leucorrhœa milky. Flow white in the place of the menses. Painful sensation of feebleness in the abdomen; constipation; stools knotty and difficult; patient tall slender and of phthisical constitution. Sensation of heat in the inferior part of the back; vertigo on rising in the morning. Amenorrhœa with chlorosis; consequence of masturbation. Nymphomania. Metritis.

Phosphoricum Acid.—Leucorrhœa after menses, abundant, yellowish and itching, onanism with all its consequences. Great weakness with complete indifference to all things. Ulcer of the uterus. Flow abundant, putrid, sanguinolent with pruritus. Uterus sensitive. Nervous feebleness with chilliness and profuse sweat. Menses in advance and abundant with pain in the liver.

Phytolacca.—Leucorrhœa thick tenacious, irritant, exclusively found in the neck of the uterus. Painful menstruation accompanied by erosion or ulceration of the neck of the uterus.

Platina. Leucorrhœa periodical, aqueous only in the day, flows especially after passing urine or on rising from his seat. Leucorrhœa before or after menses which are profuse and occur frequently. Voluptuous itching of the genital organs with anxious oppression and palpitation of the heart. Great sensibility of the genital organs. Vaginismus. Nymphomania.

Medicament perfectly agreeable to females with dark hair and rigid fibre.

Podophyllum. Leucorrhœa mucous, thick, transparent with sensation of pressure in the base of the uterine region. Prolapsus of uterus. Suppression of menses. Patient nervous, feeble, miserable and capable with difficulty of anything whatsoever.

Psorinum. Leucorrhœa of insupportable odour, very thick, with enough pain in the loins and great weakness. Breast swollen and painful. Sycosis.

Pulsatilla. Leucorrhœa aqueous acrid and burning or milky, sometimes without colour, sometimes with swelling of the vulva and flows especially after the menses. Leucorrhœa mucous, thick and white, especially when lying or before and after menses with abdominal colic. Leucorrhœa and symptoms of hysteria with great sexual excitement caused by masturbation. Leucorrhœa of young women at the time of puberty or when the menses are suppressed from cold water or by exposure to cold and humid atmosphere. Female patients, chilly, weep for nothing, without thirst.

Ranunculus. Flow which is at first mild becomes afterwards acrid and corrosive.

Ruta. Leucorrhœa acrid and smarting after the cessation of the menses.

Sabina. Leucorrhœa gelatinous, thick, yellowish, sanious, foetid with pruritus, corrosive, excoriating the skin of the thighs, with drawing in the lower part of the back. Leucorrhœa during pregnancy and confinement with pricking and pain in the thigh. Leucorrhœa accompanied by suppression of menses. Leucorrhœa exists only a little during the day preceding or following the menses. Inflammation of the ovary or uterus after abortion. Increase of sexual desire. Pricking pain in front and behind the vagina.

Sanguinaria. Endometritis with polypus or ulceration of the neck of the uterus, accompanied by abundance of hæmorrhage with leucorrhœa which is foetid, corrosive and brown. Leucor-

rhœa follows the menopause, at that time the menses have not completely stopped.

Sanicula. Leucorrhœa with the smell of brine. Sensitiveness of the uterus. Pressure in the lower part of the abdomen as if all the organs of the base will escape by the vulva. Desire to support the parts.

Sarracenia Purp. Leucorrhœa aqueous or milky, thick, white with spasmodic pain in the uterus. Pulsating pain in the uterus as if there is tumour or dropsy; uterus swollen as if full of cysts particularly on the right side; neck of the uterus swollen and hot. Miliary eruption and heat in the vulva.

Sarsaparilla. Flow white mucous and profuse during walk. Pain after passing urine; urine deposits grey concretions. Before menstruation, humid eruption in front of the sexual organs. Menses late and slightly abundant.

Secale Cornut. Leucorrhœa offensive brownish, resembles cream. Liquid brown, flow arises from various morbid state of the neck of the uterus or of the organ itself. Gelatinous leucorrhœa alternates with metrorrhagia particularly in slender females who suffer from excessive menstruation and prolapsus. Burning pain in the uterus which is sensitive to touch. Cancer and gangrene of the uterus. Cachexia. Numbness and coldness of the skin.

Senecio. Leucorrhœa in short females, with headache, insomnia and urinary troubles. Afterwards the menstruation commences; the thoracic and vesical symptoms ameliorate. Menses retarded, suppressed.

Sepia. Leucorrhœa with great itching of the vulva or vagina, or pricking in the uterus, which regularly comes before or after the menses, and does not continue for a long time. The flow is thick and yellow or mucous, aqueous, milky or greenish. Milky leucorrhœa only during walk. Leucorrhœa worse after coition. Constipation with knotty and difficult stool, slowly evacuated and with great effort. Pressure in the anus. The urine is sometimes of a putrid odour and presents deposit which resembles reddish argillaceous clay difficult to detach from the

vessel. Painful sensation and continuous emptiness at the pit of the stomach. Gonorrhœa after the acute period; induration of the neck of the uterus and of the organ itself; retroversion. Prolapsus of the uterus. Well suited to children, weak and debilitated females, with dark hair, with fine and delicate skin, and who are extremely impressionable.

Silicea. Leucorrhœa acrid, coming out at intervals and at times preceded by colic around the umbilicus. Flow white, aqueous, with violent pruritus or flow especially after passing urine. Flow of a quantity of white water from the uterus, with violent itching in the pudendum, in place of the menses. Ulceration of the neck of the uterus. Painful itchiness of the whole body. Constipation with the peculiarity that the fecal matter comes to the front of the anus, but recedes to the rectum and after much effort it can be expelled. Abscess of the labiæ. Itchiness of the vulva and vagina.

Stannum. Leucorrhœa yellowish or greenish, very debilitating. Flow of transparent mucus from the vagina. Menses in advance and profuse. The patient can neither speak nor laugh in a high voice without experiencing feeling of weakness in the chest which arrests their force.

Sulphur. Flow white preceded by drawing or pinching around the umbilicus, aqueous or yellowish, or coming out especially in the morning after rising. Flow white mucous, fifteen days after the menses. Leucorrhœa corrosive, burning, or smarting as on applying salt. Sensation of coldness of the feet, even when they are not cold to the touch; heat at the summit of the head. Flushes of heat terminate with slow perspiration and a feeling of weakness and exhaustion. Hunger and exhaustion at 11 a.m. Unsound sleep; the patient is depressed in the morning frequent access of weakness during the day.

Sulphuricum acid. Flow white, abundant, acrid, gnawing and burning. Leucorrhœa without colour, milky or transparent. Menopause.

Syphilinum. Leucorrhœa abundant, aqueous, acrid, with acute pain as of thrusts of knife in the ovary. Flow acrid, causing violent itchiness and inflammation of the external organs, worse at night in the heat of the bed. Parts are very sensitive.

Tarentula. Leucorrhœa acrid, yellow, persistent. Obstinate uterine neuralgia. Pain in the sacrum and leg; vulvar pruritus; nymphomania. Abundant menstruation with frequent erotic spasm. Constant sensation of fatigue. Fear of death. Anæmia.

Thuja. Leucorrhœa abundant thick, greenish with violent pain in the ovary and left inguinal region. *Leucorrhœa between*

one menstrual epoch and another. Flow of mucus from the urethra. Vagina very sensitive; swelling of the labiæ with burning pain when they are touched or on walking; ulceration of the internal parts of the vulva; *verruous excrescences* with pricking and burning on passing urine. Crampy pain in the vulva and perænium on rising from seat which extends to the abdomen.

Tabacum. Flesh-coloured leucorrhœa, fifteen days after the menses.

Tartarus. Leucorrhœa viscous, white and mucous.

Trillium. Leucorrhœa abundant, exhausting, sanguinolent with atony, prolapsus and chronic engorgement of the neck of the uterus. Leucorrhœa abundant, yellow, and filandrous. After menses, creamy and yellowish fluid. Metrorrhagia during the menopause.

Ustilago Maydis. Leucorrhœa offensive, abundant, yellow, flow of brownish liquid mixed with black clots. Leucorrhœa albuminous and excoriating. Hypertrophy of the uterus. Uterine displacement with abundant hæmorrhage. Acute pain constant or intermittent in the left ovary which is swollen and very sensitive. Menorrhagia during the menopause.

Viburnum. Leucorrhœa excoriating, thick, white and abundant produces smarting pain and itchiness of the genital parts. Crampy pain in the base of the abdomen, extending to the anterior muscles of the thigh. The pain comes suddenly and is very violent. Menses very late, rare, only remain some hours and are of bad odour.

Zincum. Leucorrhœa mucous, thick, mostly vaginal, acrid, sanguinolent with ulceration of the neck. Profuse during stool, often preceded by colic. Pricking and pinching in the pndendum. All the symptoms are associated with restlessness, depression, chilliness, spinal sensitiveness, and trembling of the feet. Consequences of masturbation.

(To be concluded)

**Meteorological Observations taken at 8 A.M. at the Indian
Association for the Cultivation of Science, Calcutta.**

For the Month of July, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		Humidity.	CLOUD.	
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.		Proportion.	Rainfall in inches of past 24 hours.
1	29.473	S	4.9	92.5	81.0	73	8	0.10
2	29.515	S	4.2	90.2	81.0	88	8	0.12
3	29.537	S	3.9	91.2	81.0	82	9	0.18
4	29.581	S	4.5	91.0	81.2	87	8	0.61
5	29.571	S	4.7	91.0	82.5	94	10	0.15
6	29.571	S	4.8	89.8	77.0	90	9	0.63
7	29.584	S	6.1	90.0	84.0	90	8	Nil.
8	29.624	S	6.3	92.6	74.8	87	8	1.33
9	29.670	S	3.4	86.5	79.0	85	10	0.15
10	29.731	S	4.4	90.0	79.5	80	9	0.01
11	29.682	S	4.4	93.0	75.4	94	9	1.32
12	29.623	S	3.9	89.0	77.0	87	7	0.43
13	29.607	S	4.3	94.0	79.5	72	4	Nil.
14	29.631	S	3.2	97.0	83.2	77	4	"
15	29.683	S	9.3	95.8	83.5	81	6	"
16	29.651	S	4.9	95.0	83.0	74	7	"
17	29.587	S	5.3	95.0	82.2	80	7	"
18	29.644	S	5.4	95.0	83.0	77	8	"
19	29.510	S	5.2	95.0	83.0	77	7	"
20	29.512	S	3.8	95.0	76.5	94	5	0.75
21	29.498	S	2.6	92.5	80.0	80	7	0.08
22	29.414	E	2.0	94.0	80.5	90	6	1.60
23	29.492	S	2.4	92.5	81.0	96	8	0.14
24	29.462	S	3.0	91.2	81.4	88	7	0.01
25	29.456	E	3.1	92.0	82.4	80	7	Nil.
26	29.482	E	4.6	91.5	81.0	88	6	0.31
27	29.487	S E	4.6	90.8	81.4	94	8	0.16
28	29.462	S	3.4	92.8	81.5	74	7	0.11
29	29.483	S	2.2	92.8	80.5	87	8	0.79
30	29.478	W	2.6	92.2	81.5	73	8	0.05
31	29.482	S	2.3	92.6	81.8	82	6	Nil.
Mean	29.554	S S E	4.2	92.4	80.7	84	7	TOTAL. 9.03

Remarks: The mean atmospheric pressure in the month of July being 29.554 shewed an increase. During the last month

it was 29.507, manifesting continuous decrease commencing from January. As in the month of June, the mean direction of the wind was E. S. E. Its mean velocity was 4.2. The mean maximum temperature was 92.4 and the mean minimum was 80.7, shewing a difference of 11.7. It is to be observed that the difference between the two mean temperatures was gradually being reduced. The difference in the month of June was 14.2 and that in May it had been 18.5. The mean humidity was 84 in contrast to 82 of the last month. The total rainfall was 9.03 inches in comparison to 17.67 of the month of June, shewing weak monsoon in this part of Bengal.

As to the mortality from cholera, during the week ending the 29th June, it was 68. In the week ending the 6th July, the death came down to 46. In the next week ending the 13th July, it further reduced to 26. During the week ending the 20th July it increased to 38 and in the following week ending the 27th July, the mortality went up to 65. It may be said that gradual decrease and increase without complete cessation are the prevailing characters of the mortality from cholera. The slight rainfall on the 8th and 22nd of the month could make no impression on the disease.

During the week ending the 29th June, the mortality from plague was 28. In the week ending the 6 July, it reduced to 18. In the next week ending the 13th July, the death numbered to 18 or remained exactly the same in number as in the last week. In the week ending the 20th July it came down to 11 and in the week ending the 27th July it increased to 16. On the whole the ravage of cholera was more than that of plague.

Smallpox was not altogether absent. The mortality ranged from 9 to 2 in a week. The mortality from fevers was rather on the increase. In the week ending the 6th July it took away 115 persons. During the next week ending the 13th July the mortality was 110. In the week ending the 20th July 100 persons took leave from their earthly homes. In the week ending the 27th, death carried away 86 persons. The fact is that fevers took away more persons than any other disease in the town.

Death from bowels complaints ranged from 38 to 25 in a week. The mortality rather increased during the last part of the month.

The total number of deaths during the above mentioned four weeks of the month of July was 1,573, among the population of 8,47,796, shewing the ratio of 24.05 during the period.

EDITOR'S NOTES.

Coccus Cacti.

The following is from the *North American Journal of Homoeopathy*, of July :

"This is a seldom-used remedy and easily overlooked if its characteristics are not now and then brought to mind. Its specific action is renal : Pressive, sticking, drawing pains from kidneys to bladder ; urine brown-red pungent, strongly acid, with heavy sediment. Not alone this syndrome, typical of catarrh of the renal pelvis, is cured, but various other disturbances, non-febrile and with the characteristic urine, call for the remedy. It acts specially also upon the mucosae of the respiratory tract—though,ropy albuminoid, difficultly expectorated mucus. Pertussis with the above indication and scanty, red sedimented urine. The 2x—3x are commended.—Dr. H. Kesselring.—*Homeopathische Monatsblätter*."

The indications of Cochineal is clear to conform it to use. *Coccus Cacti* can cure whooping cough when the cough is worse in the morning. The vomited mucus hangs in long strings from the mouth. Frequent scanty stools with much mucus is relieved by its use. The general recommendation is the low dilution 2 or 3 decimal.

The "Faking" of Butter.

The *Public Health* of July has the following interesting note on the adulteration of butter :

"The remarks made by Sir E. Strachey in introducing the Butter and Margarine Bill into the House of Commons indicate the necessity for further legislative powers. The evidence before the Select Committee had shown how it paid to adulterate butter. One witness stated that overtures had been made to his company offering a process of adulteration which should not be open to detection, but which would increase their present profits by £5,000 a year. In a case taken against Bridgewater Creamery Company only recently, it was said that the profits made by adding lardine to butter were £5,650 in fifteen months, so that there was a very real need for this Bill, which aimed at stopping the adulteration of butter at its source. Previous Bills were aimed at the seller or retailer ; this measure went to the source."

Adulteration of food has assumed a character which shows the degrading principle of tradesmen. We do not know where and how it will cease. The adulteration is an attempt to slow poison. In that view of the matter severe steps should be taken to prevent it. The American and European trade for adulteration has proved disastrous to the whole world. Unless rigorous measures are adopted, fine seems to have failed as a deterrent punishment. Imprisonment with fine is the only alternative. Even then we are doubtful how far the step will be successful.

Paratyphoid and Meat-Poisoning.

The *Public Health* of July writes :

"The first clear diagnosis of a case of paratyphoid fever, that is, of a bacterial septicæmia clinically like typhoid but associated with a bacillus quite distinct from Eberth's, was that of Gwyn in 1898, where a "paracolon" bacillus was cultivated from the blood of a patient with all the clinical features of typhoid fever. Cushny (1900) in America, and Schottmüller (1900-1) in Germany, by a systematic application of the method of blood-culture in cases of "typhoid," showed that paratyphoid was not an uncommon disease in these countries. During the past five years cases have been reported from many parts of the world—including India and Japan. Recently Boycott has published an account of three fully established cases of infection with *B. paratyphosus* B., which were met with in England during 1905 while examining a series of 176 specimens of blood sent in for Widal's test in suspected cases of typhoid. For detailed description of these cases, together with a useful bibliography on paratyphoid infections, the original paper should be consulted. Bacteriologists are by no means in agreement with regard to the systematic grouping of the organism concerned in the production of these fevers; but the following classification appears to be the one which reflects the most recent views of authorities on this subject: (1) *B. paratyphosus* A, (2) Gärtner's meat-poisoning bacillus, (3) Hog-cholera group, including *B. typhimurium*, etc., (4) *B. paratyphosus* B. The A type of paratyphoid bacillus is easily distinguished from the other three groups by cultural methods, is more nearly related (especially) culturally to Eberth's bacillus, and according to universal experience is much less frequently met with than *B. paratyphosus* B. Gärtner's bacillus is differentiated from *B.*

paratyphosus B and the hog-cholera group by the agglutination reaction with sera prepared from known cultures.

The differences, however, in agglutinability between *B. paratyphosus B* and the hog-cholera group are so slender that at times it is impossible to distinguish them, yet many authorities who merge them in one group acknowledge that there is a certain amount of contrast between the two. Schmidt is of the opinion that hog-cholera, mouse-typhoid, and *B. paratyphosus B* cannot be differentiated, morphologically, culturally, experimentally, or by agglutination, and places them together under the hog-cholera group. Bock has demonstrated the close relationship between hog-cholera, mouse-typhoid, and the Kaen type of meat-poisoning bacillus, and although he places the B type of paratyphoid bacillus along with these as showing "no essential differences" culturally or in pathogenicity for animals, he admits that there is a certain amount of "contrast," and that the relationship between the first three mentioned is much more intimate than between these three and *B. paratyphosus B*. Boycott considers the distinction between the B type of paratyphoid bacillus and the hog-cholera group, although slight, is real. In the classification of Bohme not only is *B. paratyphosus B*, but also the Aertryck type of meat-poisoning bacillus and *B. psittacosis* found along with *B. typhimurium* in the hog-cholera group, which is differentiated from Gartner's bacillus by the immune-serum reactions. In contradiction of Bonhoff's statement, Bock also reports that Gartner's bacillus is easily differentiated from the others by the agglutination test.

In Germany and America it is estimated that about 10 per cent of cases clinically diagnosed as "typhoid" are in reality paratyphoid.

In England, Boycott, from the past year's experience, puts the proportion at 3 per cent, but admits that this is probably too low. In paratyphoid, intestinal ulceration is more frequently absent, and the prognosis is much more favourable, the case-mortality of paratyphoid being 1 to 4 per cent as compared with 17 per cent for typhoid (London). It is therefore desirable for the patient's, as well as the bacteriologist's, satisfaction that an accurate diagnosis should be made. Although for diagnostic purposes a bacteriological examination of the blood is preferable, and occasionally absolutely necessary, for differentiation and identification a diagnosis of paratyphoid can generally be made from the agglutination reactions of the serum with known cultures of the various organisms (Boycott). Basing their observations on forty cases of true typhoid, Grunberg and

Rolly report that 70 per cent of all cases gave the group agglutination reaction with paratyphoid bacilli in a dilution of 1 in 30 or higher and in 33 per cent the paratyphoid bacilli were agglutinated in a higher dilution than the typhoid bacilli. They therefore maintain that a bacteriological blood examination alone under certain circumstances can show the true nature of an illness. In reply to Grunberg and Rolly, Korte and Steinberg, having investigated the group agglutination reaction in seventy cases of true typhoid (for a positive result a dilution limit of 1 in 40 being required), state that in all cases the typhoid bacillus gave the reaction in higher dilution than the paratyphoid bacillus, and explain the results of Grunberg and Rolly by (1) their not having estimated the exact agglutination limits, (2) their having used the macroscopic test which is not so exact as the microscopic, especially at the limits of agglutinability, and (3) the occurrence of "zones of inhibited agglutination," which are more marked in the macroscopic test. Similarly, Mantoufel says that in his experience paratyphoid bacilli seldom gave the group reaction in dilutions over 1 in 50; in all cases higher limits were got with the typhoid bacilli, and in no case did agglutination occur with paratyphoid bacilli when absent with typhoid bacilli. Korte and Steinburg observed that occasionally the typhoid bacillus failed to agglutinate with serum in low dilutions (zones of inhibited agglutination), while if the serum were more diluted, agglutination appeared; and the same authors also noted that this phenomenon was materially misleading only in the macroscopic method.

According to Falta and Noeggerath, the agglutination-preventing bodies (*Hemmungskorper*) which cause these zones of inhibited agglutination, appear generally towards the end of illness, and to prevent error it is advisable to use a dense emulsion of bacilli and test the serum to its agglutination limits. Although anomalous results are occasionally obtained, irregularities in agglutination results can generally be attributed to one or other of the following: (1) errors in technique and judgment of results, (2) a tendency to spontaneous agglutination of some strains (therefore use a strain of known agglutinable capacity), (3) the ultimate limits of agglutinability, especially by the microscopic test, of the different organisms not having been attempted, (4) zones of inhibited agglutination, (5) mixed infection. For the diagnosis of mixed infections, Castellani's test of absorption or exhaustion of agglutinins is necessary. Castellani found that an excess of typhoid bacilli would

remove not only primary or homologous (i.e., typhoid), but also secondary or heterologous (e.g., coli) agglutinins from the serum of a rabbit inoculated with typhoid bacilli; while from a serum elaborated in response to inoculation with both *B. typhosus* and *B. coli*, neither typhoid nor coli bacilli alone, but only both together—simultaneously or successively—would remove all agglutinins. An instance of mixed infection by typhoid and paratyphoid, established by Widal's Pfeiffer's, and Castellani's tests, has been recorded by Gaehstgens. Ficker's paratyphoid diagnostica are two new bacterial suspensions—substitutes for living bacterial cultures, of *B. paratyphosus* A (Brion-Kayser) and *B. paratyphosus* B (Schottmüller), respectively, specially designed to be of service for the agglutination test to practising physicians. Minelli reports favourably on these proprietary preparations. Stuhlinger by killing paratyphoid bacilli with chloroform, or better still by aseptic autolysis (in normal saline at 37 for two months), has obtained very good paratyphoid diagnostica.

A case of infection by *B. paratyphosus* A (Brion-Kayser), where the bacillus was isolated from the blood, urine and fæces, has been recorded by Kayser: and Brion lays stress on the fact that paratyphoid, like typhoid, is a bacillæmia rather than an intestinal disease.

Meat-poisoning bacilli, which, it will be observed, find a place in almost all groups in the above classification, have been divided by Levy and Fornet into two broad classes—(1) those like *B. botulinus* (sausage poisoning), that produce nervous symptoms, and (2) those that have an accentuated action on the gastro-intestinal tract. They give an account of a family of seven that was infected with *B. paratyphosus* B, the symptoms being very like those of typhoid: the bacillus was isolated from the excreta of all seven, and was agglutinated by the serum of the patients in dilutions of 1 in 200 to in 1 10,000. An instance of sausage poisoning, caused by *B. paratyphosus* B, has been reported by Kreehl. The fever ran a course like that of a moderately severe case of typhoid; the bacilli were found in great numbers in the stools from the beginning of the illness, and agglutination (1 in 1,000) appeared on the eleventh day of illness and only with *B. paratyphosus* B. Curschman recognizes the gastro-intestinal and nervous forms of meat poisoning, and regards *botulinus*, outside man, as a pure saprophyte. Gartner's bacillus, on the other hand, generally occurs in the flesh of cattle that have been sick during life. Schmidt,

Pottevin, and Klimenko, all draw attention to the significance of sickness among domestic animals at a time when meat-poisoning and typhoid-like illnesses of man occur.

Pottevin isolated a bacillus very like Gartner's from a ham which had infected four members of a family of seven. The blood of the four patients agglutinated this bacillus in dilutions of 1 in 50 to 1 in 500, while tests with the serum of other persons, even in a dilution of 1 in 25, were negative. The bacillus was pathogenic for young cats, producing, after ingestion with milk, a diarrhoea which persisted for about three weeks. Klimenko isolated *B. paratyphosus* B. from a perfectly healthy adult dog, and believes that this may throw some light on the occurrence of sporadic cases or even epidemics of paratyphoid fever. The bacillus was pathogenic for mice, rats, guinea-pigs, rabbits and young dogs, causing fever and diarrhoea, and retained its vitality in milk for a long period being still alive and virulent after one year and four months."

The bacteriological differentiation generally speaking will not help us in private cases. The clinical demarcation has not been given. As far as our knowledge extends typhoid and paratyphoid can be differentiated by the mild nature of the latter, principally diarrhoea. In typhoid, there is good deal of intestinal ulceration, consequently severe diarrhoea is its character. Paratyphoid may have diarrhoea of mild nature or constipation. Delirium or other symptoms may be almost the same. The aggravation of the symptoms depends also on the nature of treatment.

On the other hand, meat poisoning bacilli have severe diarrhoea simulating cholera. The stools are generally green but may be choleraic. Other symptoms, as fever, delirium etc., are much less in comparison to the other two.

Any hard and fast line of distinction is not possible between typhoid and paratyphoid. The general indications are given above. It is certain that we get more paratyphoid cases than real typhoid. In over-populated towns of India, the two diseases are frequently observed.

Mercurius corrosivus.

The following record of cure of rectal fistula by Mercurius Corrosivus, mentioned in the *North American Journal of Homœopathy* for August is interesting :

"CASE 1. Boy, æt. 3, with a complete rectal fistula, a rare occurrence in children. Operated the year before, but, as often with rectal fistula, the trouble had returned. Although the child appeared sound, the result of medication seemed to point to luetic heredity, for mercurius corr. 5x healed in a few weeks, and for two years there has been no return.

CASE 2. A blooming, healthy woman (eine bluhendegesunde Frau) with no possible specificity apparent. Mercurius corr. ix healed the fistula in a few weeks."

Some Cough Remedies.

The following is from the *North American Journal of Homœopathy* for August :

"AMMONIUM MUR. Persistent cough, tickling in trachea or larynx, dry in morning, loose in afternoon and night, when it becomes spasmodic, ending sometimes in gagging or vomiting. Stitches in left chest or hypochondrium. Coughs so severe that he coughs up blood.

AMMONIUM CARB. Cough worse about midnight with asthma about 3 A.M., dry cough like a feather in throat, accompanied by a constricted feeling in chest.

SILPHIUM. Cough loose, expectorates copiously of grayish mucus, asthmatic breathing, worse at night, copious acrid discharges from anterior or posterior nares, causing smarting sticking, sensation in throat and soft palate.

SANGUINARIA. Marked soreness and rawness in larynx and under sternum, cough paroxysmal, no relief till some mucus is raised, worse at night, stitches in right chest, and hypochondrium. Later in the stage of catarrhal conditions expectoration becomes yellow or brownish yellow.

RUMEX. Cough excited by a tickling irritation behind the upper end of sternum, dry, harsh, shaking, excited by pressure on sternum, inhaling cold air and, worse at night, great difficulty in raising a small quantity of thick, tenacious mucus.

HYOSCYAMUS. Voice husky as of mucus in throat, dry cough of a spasmodic nature, comes on at night or excited by talking,

or laughing, during coughing a constricted feeling in larynx. Sensation as if the palate had dropped down.

YERBA SANTA. Copious quantities of mucus in chest, worse on right side, cough like whooping cough, coming on during dentition in scrofulous children, cough immediately becomes dry after exposure or when fever develops. Breathing does not become asthmatic like in silphium.

STICTA. Croupy cough during beginning of influenza, oppression of the chest, hard, racking cough, with pains reaching from the sternum to spinal column.

SENECIO AUREUS. Loose cough with copious expectoration of thick, yellow, sweet mucus, often streaked with blood, rawness and soreness in chest, especially when accompanied with delayed menstruation, flushes of heat to head and chest, worse in afternoon and night."

These are not ordinary cough remedies. They are to be used with reference to their special indications. In *Ammonium Mur.* the cough is aggravated after a meal or cold drink. The spitting of blood is preceded by tickling in the throat. *Ammonium Carb.* has cough only at night, or only by day, or in the evening, before going to sleep, or in the morning from 2 to 5 A. M. The cough of *Hyoscyamus* is worse on lying down, almost completely removed by sitting up, worse at night, worse after eating, drinking or talking. Cough from elongated uvula. *Rumex* has cured cases of cough with tickling behind the top of sternum, trachea sore to external pressure, excoriated through its whole extent as also the fauces. Cough exhibited by pressure on throat pit, cough violent with scanty difficult expectoration. *Silphium* has copious expectoration of stringy, frothy, light-coloured mucus. *Sticta* is for hard dry barking cough following cold.

Variolinum as a Prophylactic.

We take from the *North American Journal of Homœopathy* for August, the following note :

"A Leading member of the faculty of the Harvard Medical School stated recently that it could no longer be said that the dominant school was without a therapeutic law inasmuch as the law of immunity had been adopted as a principle. In the development of this principle the school has come perilously near, to say the least, to homœopathy and immunization is by no means a

new idea recently evolved in old school ranks. Every student of Hahnemann's writings knows that he called attention to the well-known fact of natural immunity to certain diseases, acquired through one attack of these maladies, and he developed the idea of immunity artificially produced by the administration of drugs, notably in the case of belladonna and scarlet fever. The most recent advances in immunization bear close relation to the use of nosodes which have been used more or less widely in the homœopathic profession for a number of years.

The most familiar example of prophylaxis is the use of vaccine virus as a preventive against smallpox, and so widespread has been its use, and so satisfactory, on the whole, have seemed to be the results that the majority of homœopathic physicians have not thought it necessary or advisable to inquire if there were any superior method of prophylaxis.

The internal administration of variolinum has been advocated for smallpox prophylaxis, however, for many years by a number of homœopathic physicians, and in the State of Iowa this method has the support of the majority of our branch of the profession practising there; and three district courts have decided that prophylaxis by this method complies with all the requirements of law.

In a paper read before the Bureau of Sanitary Science at Jamestown, Dr. Charles Wodhull Eaton, of Des Moines, Ia., by invitation represented the homœopathic physicians of his State in presenting to the American Institute of Homœopathy the "Facts about Variolinum," as elicited by them. In that paper he pointed out that variolinum was a preparation of the virus of smallpox and not cowpox, as is vaccine virus. He then discussed the reasonability of the use of variolinum, showing that this depends upon whether an individual can be rendered immune to a given disease by the administration of the virus of that disease, and upon whether the virus can be effective if administered by the mouth. Then comes the test of experience. By correspondence with other physicians in Iowa soliciting conservative figures borne out by actual case records, Dr. Eaton presented the following statistics: Number of people to whom variolinum had been administered internally as a prophylactic against smallpox, 2,806; number of these actually known to have been exposed to smallpox after taking variolinum, 547; number who had smallpox after taking variolinum, 14. Dr. Eaton called special attention to the fact that the number of pro-

phylactic administrations and of subsequent exposures was far larger than the above figures would indicate, since the figures dealt with cases on record only. One correspondent suggested that the number of known exposures was probably less than ten per cent. of the actual number of exposures.

These figures demand some consideration; certainly they cannot be ignored. Did they emanate from some European authorities high up in the councils of the dominant school they would be widely quoted. They certainly show that prophylaxis against smallpox by the internal administration of variolinum deserves further investigation and possibly submission to a scientific testing out under the strictest regime of modern science.

What sanitarians advocate and are aiming at is prophylaxis—vaccination is only a means to that end. If the internal use of variolinum is as efficient a means of prophylaxis as vaccination as ordinarily understood, the choice of the means can well be left to the patient or guardians of the child; and if preference is shown for the newer method it will be a feather in the cap of homœopathy."

Whatever difference there may be between vaccinium and variolinum, it is one of quantity and not of quality, as vaccinium is nothing but the virus of smallpox when it occurs on cows. The transition is not enough marked. The intensity of the vaccinal virus may be less than that of the smallpox. In other words it is a difference of dilution or trituration. In India, during smallpox epidemics both the nosodes have been tried as prophylactic with success in most cases. For ourselves, we were content to use vaccinium as variolinum may increase the danger of getting smallpox from overdose. Whereas in that consideration vaccinium will be the safe remedy to use.

CLINICAL RECORD.

Foreign.

CLINICAL CASES.

BY DR. STONHAM.

CASE I. BACKACHE.—*Magnesia Mur.*

E. W., aged 45. Operated on some years ago for removal of appendix.

November 23, 1906.—Came complaining that for the last two nights, directly on lying down in bed, she had a severe pain in the upper sacral region; the pain she described as a sore pain, causing her to draw up her legs—"it is agony if she puts them down straight." She can only get ease by lying on the front and right side of the stomach, < lying on the left side. This pain lasts some hours; she finally gets to sleep and wakes without it. The pain makes her very hot, burning hot all over; she does not perspire at the time of the pain, but when she wakes up after the sleep which follows it she finds herself bathed with perspiration. She has no pain through the day. Bowels have acted quite regularly and sufficiently. Catamenia one week ago; were less profuse than they used to be, but there was nothing abnormal about them. No leucorrhea lately, but till a month ago she had a yellow discharge, worse at night. Has slight piles. Stools have been lumpy lately—hard lumps, conglomerate. *Mag. mur.* 3x mv, 4 hours. The pain at once began to get less and was quite gone in five days.

The general hyperesthesia, the < from lying on affected part, the < on lying down at night and > while getting about during the day, the burning and heat, and the character of the stools were the indications for *Mug. mur.*

CASE II. DIPHTHERIA.—*Lachesis.*

E. M., boy, aged 5. Was called to see him on May 13, 1907, and found him lying in bed very prostrate and with a pulse of 132 and temperature of 107° F. I was told that this was the seventh day of his illness, and that he had been gradually getting weaker and would take no food. The only complaint he had made was that it pained his throat to swallow. On examining the throat I found a dirty-looking membrane on the l. tonsil, the rest of the throat being clear. Cervical glands not enlarged. He was given

Lach. 12, a few drops in a tumbler of water, a dessertspoonful to be taken every hour, and a swab was taken from the throat for bacteriological examination.

The next day, May 14th, much better. Temp. normal and pulse 100. Appetite returning. Much less prostration. Mem'brane gone. Continue medicine.

May 15th. Temp. normal, pulse 80. No return of membrane. Eating well and quite lively. Convalescence uninterrupted.

The bacteriological examination showed the specific diphtheria organism to be present. The great prostration and the situation of the patch on the left tonsil indicated *Lachesis*.

CASE III. DIPHTHERIA.—*Mercurious Cyan., Apis, Etc.*

C. C., boy, aged 9. He was taken with a shivering fit while at school on the morning of Thursday, May 9th. After dinner he complained of his legs giving way, and was kept at home from school in the afternoon. All day Friday he was very feverish and was light-headed; he complained of sore throat and took but little food. His mother gave him *Acon.* and *Bell.*

On Saturday he woke early and said he was hungry and wanted to get up. He had a good breakfast of bread and milk and came downstairs about midday; throat felt better; he ate vegetables and gravy for dinner and an ordinary tea. Was given two doses of *Mercurius sol.* 3x. He slept well till 4 A. M., on Sunday, when he woke complaining of thirst and dryness and soreness of the throat.

I saw him for the first time at 9-30 A. M., of Sunday, May 12th, the fourth day of the illness. His temperature was then 104° and pulse 122. Both tonsils were covered with a dirty membrane and the breath smelt extremely foetid and of characteristic diphtheritic odour. He was given *Merc. cyan.* 30 every hour.

In the evening, May 12th, 9 P. M., temperature had fallen to 101° and pulse to 112. He had felt better and had been able to swallow food well. A swab from the throat was taken for examination and sent to Dr. Watkins. I may say here that the report when received showed the presence of the specific diphtheria organism. Repeat med.

May 13th.—In the morning better. Temp 100°; pulse 100. No extension of the membrane, which seems inclined to disappear in parts. Rep. med.

May 14th.—Not so well through the night. This morning the membrane has increased again and extended to the uvula, which is

much swollen ; some slight nasal stuffiness indicating commencing extension to the back of the nose. Had a choking attack in the night. Throat pains on swallowing, and glands at angle of jaw are a good deal swollen on each side. Rep.

May 14th.—(evening, 5-30 p. m.).—No further extension of membrane and feels and swallows better. T. 100.2°, P. 88. I injected 2,000 units of *Antitoxin* (Burroughs and Wellcome). Continue *Merc. cyan.* 30.

May 15th.—Temp. 100°, P. 96. R. tonsil and uvula are covered with membrane ; the uvula is very long and edematous ; swallows better ; nose less stuffy. *Lach.* 12 every hour.

(Evening.) Temp. 100°, P. 102. R. tonsil and uvula are much the same. L. tonsil is clearing. Has eaten better to-day. Bowels have acted. Rep.

May 16th.—Slept well most of the night. Temp. 98.4°, P. 80. Throat rather cleaner but still much edema of the uvula and tonsil. Pain on swallowing runs up into the ears. Taking food well. Unit dose of *Apis cm.*

May 17th.—T. 98°, P. 76. Slept well. Much less swelling of uvula and tonsils. Uvula clear of membrane and tonsils nearly so. Appetite good and scarcely any pain on swallowing. Is bright and cheerful. S. V. R.

May 18th.—Much better. T 97.5°, P, 62. All membrane has gone except a speck or two on the right tonsil. Uvula no longer swollen. No pain on swallowing. Appetite very good. Bowels act daily.

May 20th.—Going on well. T. 98.4°, P. 62. Throat quite normal, knee jerks normal. Rep. S. V. R.

CASE IV. HEADACHE.—*Silica.*

J. L., aged 41. Female. Had rheumatic fever at 16, was laid up for months with it, and has had rheumatism in the knuckles on and off since, and also in the limbs after washing. Two months ago she began to have pain in the left side of the head, starting in the left temple and darting across the top of the head, worse in the morning soon after getting about, better towards evening ; sensation of cold water on the vertex with the darting pains ; the eyelids feel as if they must be closed. The darting pains seem to take her senses away. The only way she can get ease is to wrap the head up in flannel ; when the head gets quite hot and perspiring the pains are better ; she is very irritable with the pain and must get away by herself and lie down. Feet feel very cold and are clammy. The feet used to perspire offensively before she had the rheumatic fever but not since. Was confined three months ago with a dead child at full time, and lost much blood at the confinement. Appetite poor. Tongue, slimy white fur, bad taste. Bowels regular. Catamenia returned this week, lasted three days, and were moderate in amount. February 28, 1907, *Silica* 30 *miti nocte manequae*. Result, speedy cure of the headache.

CASE V. NEURALGIA OF FACE AND FOREHEAD.

Stannum.

Mrs. G., aged about 30. Was confined with her second child on January 1, 1907; the confinement was a good one, and she nursed her child, the milk being sufficient and the child thriving. Has lately been without a servant and had extra work and worry. On February 27th the attacks commenced, for which she sent to me on March 4th. They had continued daily without intermission and consisting of neuralgic pains on the left side of the face, affecting the supra-orbital arch, the zygoma, and the left side of the forehead. The pain was mostly throbbing, but at the inner canthus there was a feeling as if a wedge were being driven in. The affected parts were red and a little swollen. It pains the eyes to look upwards. The pain comes on about 9 A. M., increases gradually till noon, remains at its height till 3 P. M., and gradually declines till 6 P. M., when it goes completely. No pain at night. While at its height the pain seems unbearable and there is giddiness. The pain is < heat of fire, > firm pressure, not > by lying down; not influenced by food or drink; a rather sick feeling and distaste for food when it is at its height. Tenderness over affected region remains after pain is gone. She had a similar attack last February and also at other times when run down, even from childhood. The attacks are more apt to occur in the spring.

March 4th.—*Stannum* 12 mv., 4 hours.

March 6th.—Had the worst attack she has had at all. Great agony from 12 to 3, could hardly contain herself. The pain moderated later in the day, but did not entirely go off as it usually does. She, however, had a good night's rest, but woke with still a little pain, which became slightly worse in the forenoon but did not increase after 12 o'clock. The face was less red and the eyes less swollen, and she was well enough to go out for a walk between 12 and 3. Discontinue med. o

March 12th.—Only a few shooting pains in the face each day of no great severity. Face is, however, a little red, hot and swollen on the left side and she says the scalp is rather tender. Sleeps, eats, and feels well. *Bell.* lx, pil. ii t.d.s. There was no return.

The seat of the pain—the left side of the face—and the crescendo-decrescendo character of the pains were the indications for *Stannum*.

CASE VI. RHEUMATIC PAINS IN THIGHS.—*Kali Carb.*

Mr. S., aged 60. Has for two or three weeks complained of rheumatic pains in the thighs, < on the right side. They seemed to come on after exposure to damp and are of sharp character and affect the front and outside of the thighs from the hips to the knees; tenderness on pressure. They are > from walking, and become still worse the more he walks; there is a feeling as if the r. thigh, which is much the worse affected, would give way on walking. The pains disappear at night in bed. *Bryonia* was at first tried, with only slight relief. He was then given *Kali carb.*

30. Only two doses were taken, as the medicine, which was given mixed in a tumbler of water, was by accident thrown away, but complete relief was at once obtained. A week later a long walk brought back the pain in the right thigh to a slight degree, but another dose of *Kali carb.* 30 sufficed to drive it away.

Kali carb. especially affects the thighs and chiefly the right thigh from hip to knee. Its pains are sharp and shooting and it has the symptom "feeling as if the right thigh would give way on walking." According to Clarke's *Dictionary* the pains of *Kali carb.* are better while moving about and < at night, but I have always found the reverse to be the case with the sharp shooting pains in the r. thigh cured by *Kali carb.*—*Homœopathic World* July, 1907.

LATENT GOUT.

BY G. BLACKLEY, M.B.

CASE 1.—Chronic catarrh—nasal, bronchial, gastric, and intestinal—neuralgia and eczema.

Mr. M., a retired stockbroker, came to me first in 1899 at the age of 70. He is a strict Jew and of very spare habit, weighing barely ten stone. Has always been very abstemious and careful in his diet. Father had gout. He himself has never had gout, but a few joints are distinctly nodose.

When first seen his chief complaint was supraorbital neuralgia, which, as it was associated with very profuse nasal catarrh I ascribed to blocking of the frontal sinuses. He had, at the same time, a few small patches of dry eczema on the shins. Since 1899 he has suffered in turn from catarrh in one or other form but most of all with rectal catarrh, accompanied by severe pain in the hypogastrium, and associated with slight fissure and pruritus. The urine has been free from albumen and sugar, but constantly deposits red sand and exalate of lime crystals. The drugs which have helped him most have been lycop., ignatia, arsen. and opium. Occasionally gastralgia was only to be allayed by salicylate of bismuth.

Repeated visits to Harrogate, Llandrindod, and Eaux Bonnes have resulted in no permanent relief to any of the catarrhal manifestations.

Supraorbital and frontal headache are now always relieved, at least for the time being, by 0.5 gram. doses of aspirin. The pain in the hypogastrium is best relieved by small doses of heroin.

CASE 2.—Intestinal catarrh.

Miss P., aged 61, comes of a gouty stock, but has never had any pronounced arthritic attacks, although she has deformity of several of the finger joints. She is of very spare habit, weighing barely eight stones, and has always been a total abstainer. Came to me in 1898 complaining of constant looseness of the bowels; stools when

formed being of very small calibre. This condition of matters has continued with intermissions until the present, but usually yields slowly to verat. and arsen.

In March, 1904, came to me complaining of much pain and tenderness over the left sacro-iliac articulation and in both knees, which were very stiff in the morning. Sulph. 3 and later ledum were given. In June she spent a month at Aix-la-Chapelle, and came back very much improved in every way.

In 1905 began to complain of pain in left iliac fossa, especially after any little chill, the pain being followed by sickness and diarrhoea, the stools pale and containing mucus. Weight stationary. Digital examination afforded no special information. Hydrast., arsen., lycop., and ac. nit. all failed to give more than very temporary relief. In January last these attacks of relaxation began to alternate with constipation, during which the old pain in the sacro-iliac joint was very much to the fore. Bryon. gave a little relief, but the patient was obliged to walk in a half doubled-up position. I then bethought me of aspirin, giving 0.5 gm. t.d., with the result that the patient presently wrote for a fresh supply and proclaimed herself freer from discomfort, and better in every way than she had been for a long time.

CASE 3.—Catarrh of the lower bowel.

Miss W., private secretary, aged 58, one of a large family, two of whom suffered from psoriasis, one from eczema, and one from gallstones. Mother was distinctly gouty, and had occasional eczema. Patient has never had gout or any skin affection. Is very thin, but not losing flesh.

Came to me in 1898 complaining of constant mucous discharge from rectum, with stools of very small calibre. On rectal examination no obstruction could be made out, and full-sized rectal bougie passed without difficulty. Hydrastis and arsenicum were given steadily for a week at a time, and afforded much relief, though the catarrh never disappeared entirely. Since 1899 the patient has had several attacks of influenza, which have caused much nervous prostration and serious heart weakness, but during the time that these have lasted the rectal catarrh is always in abeyance.

CASE 4.—Bronchial catarrh; mental depression.

Mr. H. S., aged 65, American and a 'quaker, of no occupation. Has never had gout, but a brother, now dead, was repeatedly under my care with acute gout. Before consulting me this patient had for twelve years suffered much from depression of spirits and inability to concentrate his thoughts, and had been obliged to travel constantly and to lead an idle life. In 1897 he had a very long convalescence under my care from influenza. Many drugs were given at first, but the one which finally became our sheet anchor was lycopodium 3. In 1901 had bronchial catarrh with asthmatic attacks, during which time he was absolutely free from the depression usually present, and was decidedly more capable of sus-

tained mental effort. The only drug he took during the attack was senega ϕ .

Case 5.—Spasmodic asthma.

Miss N., aged 48, first seen in 1900. Mother living, aged 80, very stout, and has occasional attacks of acute gout. Daughter, who has never had gout, is also immensely stout. Has suffered from asthmatic attacks in the winters for several years. I treated this patient during two severe attacks occurring in two successive winters with very satisfactory results, the drugs used being largely emetin. 4x and arsen. 3x, usually given on alternate days.

Since 1901 the patient has paid several visits to the arsenical waters of Mont Dore, with the result that the winter following has usually been fairly free from asthma. This was the case last winter, although she is still increasing in weight; has had an attack of retinal hæmorrhage in one eye and has a fibro-myoma of uterus.

Case 6.—Asthma; neuralgia.

Mr. A., aged 53, solicitor, of Jewish descent and bilious temperament. Father suffered with asthma and mother from gall-stones. Patient has had attacks of spasmodic asthma from the age of puberty, and has in consequence been obliged to live in the heart of London, a night spent at Brighton or St. Leonards being invariably followed by threatenings of an attack. This patient is particularly susceptible to the influenza bacillus, and after an attack has always a long convalescence. On one occasion influenza was followed by severe neuritis of the posterior tibial nerve, which lasted for many months, during which, however, he was free from asthma, although six weeks of the time were spent at Harrogate. This may possibly be explained by the fact that he was taking arsenic most of the time in addition to undergoing bath-treatment at Harrogate. He now goes every year. Since the commencement of 1903 he has suffered much from left supra-orbital neuralgia with discharge of much thick yellow mucus from left nostril. Sense of smell is gone. Sulphur relieves the neuralgia.

Case 7.—Neuralgia.

Mr. A. W., publisher, aged 52, was treated by me for syphilis about the years 1880-85. Has had several attacks of acute gout. Has been practically a total abstainer for many years past. In May, 1902, came to me complaining of right supraorbital neuralgia, coupled with slight giddy attacks, which appeared to proceed from left parietal region. R Sod. iod. gr. iii, t.d., and gelsem. ϕ night and morning. At the end of a fortnight he began to have some gouty twinges, and the urine was scanty and hyperacid; gelsem. was replaced by lycopod. No arthritic attack ensued, and at the end of six weeks the only symptom left was described as a "swimmy" feeling in the head, especially on stooping. This was promptly relieved by ac. picric, a drug which experience leads me to regard as specially useful in many neuroses in gouty patients.

He now has occasional attacks of acute gout, and is fairly free from headache or giddiness.

Case 8.—Lichen circumscriptus.

Mr. A., a Sheffield steel manufacturer, came to me in 1901 for advice for a lichenous rash which had tormented him for some years. The patient was a small man of bilio-sanguine temperament and great mental and physical activity. Family history was gouty, but he personally had never had gout. The legs, buttocks and arms presented numerous circumscribed patches of lichenous rash which were intensely irritable. I advised a sojourn at Ilkley for the sake of its pure water and air, but as the patient had made all arrangements for going to Harrogate for a course of treatment I allowed him to go.

At the end of about a month he again presented himself, the rash being, if anything, more irritable, especially on the arms, which were always at their worst at night. I prescribed phenazone 1x, gr. i. *ter die*, and the local application of a liniment of chloral and camphor. Improvement began at once and proceeded steadily. I have usually found that patients with a gouty strain in them are particularly susceptible to the effects both of large and of small doses of antipyrin.

Case 9.—Psoriasis.

Miss G., aged 40, of nervous temperament, was sent to me by Dr. Byres Moir in 1894 on account of psoriasis. The patient's family history was distinctly gouty, but she had never had any distinct arthritic attacks herself. Under the treatment suggested by me, chiefly external, she got clear of the rash, but was not so well in general health. In 1898 she showed distinct gouty symptoms, and spent the winter in Bath at Dr. Moir's suggestion. In the following spring, the rash being again troublesome, Dr. Moir sent her to me, and I suggested substantial doses of liq. arsen. In July the patient had an attack of subacute gout in the ball of the foot, and the arsenic was interrupted. In September she went for a course of treatment to Llandrindod, and came back much improved in every way: the rash was no longer troublesome, and Dr. Moir reported that, in spite of this, the general health remained good.

Case 10.—Eczema seborrhœica.

Mr. N., aged 48, wine merchant, a Jew (but not a strict one) was sent to me first in 1898 by Dr. Byres Moir. He was then suffering with severe seborrhœic eczema of scalp, neck, axillæ and groins, for which I prescribed chiefly external remedies, the principal one being a lotion of resorcin, with the result that in a few weeks he was clear of all rash. Two years later, in the early spring, he returned with a similar, though less severe, attack, and acting on my advice, he spent the greater part of the month of April at Aix-la-Chapelle. Whilst undergoing treatment there the rash came out more, and the patient had slight attack.

of acute gout in the left great toe. He returned home very much discontented with his stay at Aachen, and when in the following July he had a smart attack of impetiginous eczema on the face, scalp and neck, he was not complimentary in his references to that, "beastly hole." Under antim. crud., however, and a very mild lead lotion, the rash rapidly subsided, so that by the end of the month the skin was clear. To the best of my knowledge it has remained so from that time.

Case 11.—Glycosuria.

Mr. D., aged 77, retired merchant, American; is very temperate, but fond of sweets. Father suffered from gout and bronchial catarrh, but lived to the age of 89. Patient first came to me in 1895, on his return from a trip to the States, saying he had been told that he was suffering from diabetes, and was taking pills prescribed by his old homœopathic physician in Brooklyn; these turned out to be of *codeia* in substantial doses. I encouraged the patient by telling him that the ailment was probably not genuine diabetes and would pass off. Since 1895 he has had *intermittent* attacks of glycosuria, the output of sugar ranging from 1 oz. to $3\frac{1}{2}$ oz. in twenty-four hours. The attacks have usually lasted some months; there is never any loss of weight, and, except in the matter of sweets, the diet has not been restricted. The urine is always freely acid. The patient's only complaint which appeared to me in any way connected with the glycosuria—and I have noticed it in other cases—was of a feeling of discomfort in the œsophagus, especially at its lower end. This was always relieved by oxalic acid. The drugs given during the attacks of glycosuria were usually lycopod., ac. phosph. and jambul, but I cannot say that I found the two latter exercised any decided influence upon the glycosuria. In 1899 the patient again visited the United States, being away three and a half months, eating and drinking just what pleased him. On his return the urine was quite *free* from sugar (!). In 1903 he had an attack of glycosuria, during which the quantity of sugar was fairly constant at about 3 oz. per diem. I gave him aspirin, beginning with a dose of gr. v. t.d., and gradually raising the quantity to gr. xx. t.d. The glycosuria was quite unaffected by it. A course of treatment at Llandrindod during the autumn of the same year was equally ineffective. Last October he returned to London, after spending fourteen months in travelling about the United States, during which time he had eaten moderately of sweets, but had been a total abstainer. The urine was normal in quantity (56 oz.), and there was a bare trace of sugar present. His only complaint was of giddiness on standing up in the morning and on stooping during the day. This was speedily relieved by ac. picric.

Case 12.—Glycosuria and insomnia.

Mr. L., a German merchant, long resident in England, aged 63, weighing 14 st. 5 lbs., who had had occasional attacks of acute gout, came to consult me first in 1903 for persistent insomnia,

with slight arthritis in thumbs. The urine was large in quantity (112 oz.—but the patient, like many Germans, was naturally a very “thirsty subject”) it deposited urates on standing, contained sugar to the extent of $2\frac{1}{2}$ oz. in the above quantity, and there was a trace of albumen present. The daily output of urea and uric acid were fairly normal, and the relative proportions of the two were as 43 : 1. Except as to quantity of liquid, which was much curtailed, the diet was but little interfered with. Treatment was begun by giving lycopod. and sulph. on alternate days, and this was succeeded by uran. nitric.

Four months later the patient visited Germany for some weeks, and took both wine and beer. On return he was better in every respect but that of sleep. The weight had fallen some pounds, and the daily output of sugar was much diminished in quantity.

By the end of the year, under the influence of lycop. and uran. nitric., the quantity of urine had fallen to $66\frac{1}{2}$ oz. ; albumen and sugar were absent, and the weight had fallen to 13 st. 12 lbs. (*in puris naturalibus*). The insomnia remained as before, but was relieved by occasional doses of veronal. I strongly advised a visit to Carlsbad.—*Journal of the British Homeopathic Society*, July, 1907.

Gleanings from Contemporary Literature.

THE CROONIAN LECTURES ON PLAGUE.

By W. J. R. SIMPSON, M.D.

THE PRESENT PANDEMIC.

The present pandemic has no connexion with the plagues arising in Mesopotamia the chief features of which, as shown by Tholozan, were, during the latter part of the nineteenth century, those of comparative mildness, spontaneous cessation, and self limitation, irrespectively of preventive measures. It would appear that the strain of the Mesopotamian virus has become attenuated both in powers of attack and powers of diffusion and that it required a virus derived from a new source or from another endemic centre to produce a plague endowed with more virulent and diffusive qualities.

The Chinese endemic centre in Yunnan, from which the present pandemic is derived, is like the endemic centres in Arabia and India, between 5000 and 7000 feet high, and in this respect differs from some of the older endemic centres which are low lying. Yunnan has been known as an endemic centre of plague since 1870 but there are Chinese records which seem to indicate that the disease probably existed there for over 100 years, for mention is made of a strange and fatal rat disease prevailing at the end of the eighteenth century which also infected the inhabitants. There are no records discovered which make the endemic centre older than this and there is no evidence to show that the Black Death of 1348 arose from Yunnan. It is not known exactly when the present pandemic overflowed its boundaries and invaded the adjoining provinces of Kwangtung and Kwangsi. Plague had passed over the boundary several times during the Mahomedan rebellion in Yunnan and in 1867 reached Pahoi, a small seaport on the southern coast of China, but there appears to have been no very extensive epidemic. As far as can be ascertained it was about the year 1890 that the disease began to show unusual activity. At that time the annual recrudescences in Mentze, one of the principal trading towns in the south-east portion of the province, became more severe and there was an extension of the disease to some of the towns situated on the West or Canton River and which have trade relations with Mentze and Canton. Gradually an extended area of the western parts of Kwangsi and Kwantung became affected and in January, 1894, Canton was attacked. Canton is the chief port as well as the largest and most important city in Southern China. It is only 80 miles from Hong-Kong, which, situated at the mouth of the Pearl River, contains a population that is mainly Cantonese, and so great is the intercourse between them that Hong-Kong has been styled the suburb of Canton. Hong-Kong became infected in May, 1894. Recrudescences of plague have occurred more or less in Canton and Hong-Kong since. Canton and Hong-Kong are the great marts and distributing centres for the produce of Southern China and have trade connexions with the southern parts of China, the neighbouring islands of the Pacific, and with India, Australia, Japan, and America. They were accordingly favourably situated as distributors of plague to all those countries adjacent and distant with which they had commercial relations. Their ships carried infection to the seaports of other countries, and these in their turn infected other places. The course of the spread of plague has differed from all previous pandemics in that

its distribution has been by sea routes, in contradistinction to former pandemics which spread by land routes and coasting vessels. With the exception of India and one or two places in South Africa and America the infected localities are mostly on the coast, and the history of their infection is importation of the disease from some infected port with which they carry on commercial relations. Any circumstance, which increases to an unusual extent the transport of goods from infected ports increases the risk of importation of the disease. Thus, the war in South Africa, with its enormous shipments of grain and fodder from the Argentine and from India, whose ports were infected with plague, introduced the disease into Cape Town and Port Elizabeth, where the rats in the docks were the first to become infected. The Russo-Japanese war was, fortunately for Europe, out of the zone of any badly plague-infected district.

Many places have been infected in different parts of the world, but none outside India have hitherto given rise to any very serious epidemic. Still, notwithstanding its apparent inability to develop into an epidemic, yet the disease has in many instances when imported into a locality shown a remarkable persistence as displayed by the annual recurrence of sporadic cases at the season of the year favourable to epidemic plague. The potentiality of plague becoming epidemic in such localities is there all the same and no country is safe while it retains infection.

THE EPIDEMIC IN INDIA.

At present, however, the chief interest of this pandemic lies in India. Imported into the city of Bombay in 1896 from Hong-Kong it broke out in epidemic form in September of the year, and by the end of April, 1897, when the first epidemic was over it had caused 11,000 deaths. Every year there has been a recrudescence and the total number of deaths from plague in Bombay since its appearance till the end of 1906 is 150,000. From Bombay city it spread to the Bombay Presidency, chiefly by coasting boats and by the railways carrying fugitives infected with plague to their native villages. By December, 1897, 50,000 deaths had occurred in the Presidency, and a few deaths in some of the other provinces. It has continued ever since in this Presidency and has up, to the end of April, 1907, caused 1,500,000 deaths. Gradually the disease has spread to the other provinces of India, affecting some severely and some lightly, and the grand total of deaths from plague in India, as shown in the following statement of annual deaths, amounts to over 5,000,000 :—

Total Recorded Annual Deaths from Plague in India.

Years.	British Territory	Native States.	Total.
Sept., 1896. } to end of 1896 }	57,000	—	57,000
1898 ...	89,200	27,000	116,200
1899 ...	102,300	36,600	138,900
1900 ...	73,500	19,200	92,700
1901 ...	234,600	46,100	280,700
1902 ...	445,200	126,900	572,100
1903 ...	701,800	179,000	880,800
1904 ...	938,000	203,300	1,141,300
1905 ...	940,800	128,300	1,069,100
1906 ...	—	—	332,000
1907 (first 4 months) ...	—	—	641,000
			<hr/> 5,321,800

The population of British territory is 232,000,000 and that of the native states 62,000,000. The 5,000,000 deaths represent accordingly one death in every 60 of the inhabitants of India. The mortality during the later years is very much greater than in the earlier, the deaths in the last five years and four months reaching over 4,500,000.

The fact that India is an immense country with nearly 300,000,000 inhabitants has often been considered as minimising the gravity of the situation which 5,000,000 of deaths would otherwise represent, and the argument is employed that in such a large country it is impossible to deal with the disease. 1,000,000 deaths a year in a population of 300,000,000 is viewed only as 1 death in 300 of the inhabitants and from that point appears not to have much influence on the vast population. It is once more the fallacy of averages. There is the old story of the man who assured that the average depth of a river was four feet, endeavoured to cross it and was drowned. He had not reckoned, that it might be shallow in some parts and deep in others. Plague is not epidemic over the whole of India. But, even if it were, and admitting that India, including Burma, is greater by 12,000 square miles than the whole of Europe, excluding Russia, Poland, and Finland, most people will allow the mortality is serious. 5,000,000 deaths from plague in Europe would be considered on this side of the Red Sea appalling in whatever way it was distributed. And if it happened that many of the countries in Europe were more or less free from plague and that the disease concentrated itself on three or four countries, such as France, Italy, Austria, and Great Britain and Ireland, causing in these nearly 4,500,000 deaths out of the 5,000,000, the mortality would be viewed as a catastrophe of the first magnitude. But if in addition to the loss of the 4,500,000 of inhabitants there were owing, to the recurrence of the disease, a prospect of several more millions being destroyed in those places already attacked, and that there was the further danger as the pandemic developed of the other countries—such as Germany, Holland, Spain, Greece, and Turkey—being attacked in the same way, then the situation of Europe would be similar to that of India to-day. This will serve to give some conception of the tragedy which is going on in India at the present time and of the future perils of that unhappy country. It is a misconception, fraught with the greatest danger, to suppose that in India the plague is only causing a death-rate of 3 per 1000, as was stated in the House of Commons during the debate on the Indian Budget. The figures giving the total number of deaths in the different provinces of India since September, 1896, exhibit a very different degree of incidence and severity in each. The Madras Presidency has escaped with a comparatively small number of deaths; so have most of the other provinces. Four provinces have hitherto borne the brunt of the epidemic in India out of the 15 presidencies, provinces, and States into which India is divided. These are the Bengal Presidency, with a little over 500,000 deaths; the Bombay Presidency, with a little over 1,500,000 deaths; the United Provinces, with nearly 1,000,000 deaths; and the Punjab, with over 1,750,000 deaths.

The annual returns for these provinces are approximately represented in the following figures :—

Year.	Bombay and Sindh, population 22,000,000.	Bengal population 74,000,000.	United Provinces, population 47,000,000.	Punjab, population 25,000,000.
September, 1895, to } end of 1897 ... }	57,000	.....	80	179
1898 ...	104,000	166	116	1,800
1899 ...	117,000	3,000	6	250
1900 ...	38,000	37,000	116	500
1901 ...	158,000	78,000	9,000	18,000
1902 ...	217,000	32,000	43,000	222,000
1903 ...	340,000	65,000	80,000	210,000
1904 ...	281,000	75,000	179,000	402,000
1905 ...	96,000	126,000	383,000	389,000
1906 ...	71,000	50,000	57,000	98,000
To May 11th 1907 ...	52,000	50,000	223,000	432,000

THE EPIDEMIC IN THE PUNJAB.

The province of the Punjab which has lost nearly 1,750,000 of its inhabitants is in size less than one-twelfth the total area of India and it contains less than one-eleventh part of its population. It is slightly larger in area than Great Britain but is smaller than Great Britain and Ireland. Its population, including the Native States, is 25,000,000 without the Native States 20,000,000 against the 43,000,000 of Great Britain and Ireland, so it is not a large province, and the loss of 1,750,000 out of 25,000,000 can only be viewed as an appalling disaster. If plague had destroyed 3,000,000 of the inhabitants of Great Britain and Ireland in ten years it would have represented proportionately what the Punjab has lost during that time with its smaller population. The plague began very slowly in the Punjab and took six years before causing 250,000 deaths. There were 179 deaths in 1897, 1871 in 1898, 253 in 1899, 525 in 1900, then, as reported by the Sanitary Commissioner for the Province, all restrictions were removed and a new policy was introduced; in 1901 there were 18,877 deaths and in 1902, 222,533 deaths. The great mortality has been during the past four and a half years and the greatest during 1907, when over 500,000 deaths occurred during the first five months, which is the epidemic season. 800,000 deaths from plague occurring in Great Britain and Ireland in five months would represent the intensity of the epidemic in the Punjab during the early months of this year. There is no comparison between 800,000 deaths and 54,000, which was the largest epidemic of cholera in England in 1854-55 and which was considered to be appalling in this country. During the week ending May 11th, when the climax of the present year's epidemic in the Punjab was reached, there were 60,000 deaths from plague in that province, which in the British Isles would be represented by 100,000 deaths in one week in an epidemic of the same intensity. The condition of affairs in this country with 100,000 deaths from plague taking place in one week in the British Isles as the climax of an epidemic which in the course of five months had destroyed 800,000 of its people would be similar to that now existing in the Punjab at the present time. The state of mind of the rest of the inhabitants of Great Britain and Ireland under such a catastrophe coming on the top of a devastation which had

previously destroyed over 2,000,000 would not be one of calmness and contentment. In the first 12 weeks of the year there were 145,000 deaths from plague in the Punjab; in the next six weeks 286,700 deaths. During these six weeks the plague deaths were as follows :—

Week ending April 6th	...	...	34,651 deaths.
" " " 13th	...	...	39,084 "
" " " 20th	...	...	47,047 "
" " " 27th	...	...	54,204 "
" " May 4th	...	...	51,305 "
" " " 11th	...	...	60,400 "

These facts will dispel the view that the plague is a small thing in India scattered over a vast continent. The effect in the Punjab may be gathered from the following extract from the *Times of India* of June 1st, 1907 :—

A picture of some of the results of the terrible epidemic in the Punjab is given by the "Statesman's" Simla correspondent. To dismiss this epidemic (he writes) with the statement that the people of the Punjab have been dying from it for some time past at the rate of 50,000 a week gives but a faint idea of the deserted villages, the crops rotting upon the ground over wide areas for lack of men to reap them, and the breaking up of homes and family life inseparable from such a calamity. The people have learnt to quit their villages and to camp out in the open when the disease appears and the worst is now over for the year, since the hot winds of May invariably reduce the mortality. But the evil has attained such extraordinary magnitude that it is affecting the whole outlook of the people. In Simla, carpenters have become difficult to procure, because the Jullunder district, where most of them lived, has suffered so terribly. The plague is an undoubted factor, though perhaps not the principal one, in connexion with the much-discussed unrest. It is also becoming important in changing the relations between population and sustenance since the survivors inherit the property of those who succumb and grow less inclined in consequence to work for themselves.

In another extract from the same paper it is stated that "natives of Rawalpindi who have relations in the plague-infected villages will not go to tend their sick; others have left the corpses or belongings of deceased relatives to the mercy of the village rather than risk plague. Firewood is not obtainable to burn the dead, so timber from the houses is being utilised and many Hindus are burying their dead." This last is against the religious views of the Hindus, but their necessity has brought it about.

The concentration in the Punjab does not mean an equal distribution of the disease over the whole province. The mortality falls with unequal intensity on the divisions, and districts into which the province is divided.

Table I. gives the deaths registered in the rural circles of the Punjab with the death-rates of each from 1901 to 1905 inclusive. The statistics are not available for the great epidemic of 1907 or for the lesser one of 1906, but those which are available show the great incidence of plague on certain rural areas. In 1902 the district of Ludhiana was worst affected and had a death-rate from plague of over 70 per 1000. More than a fourth of the deaths in the rural circles occurred in this circle. Umballa came next with 30 per 1000 and Sialkot with 26 per 1000; one-third of the circles were not infected. In 1903 Gujranwala was the worst infected circle and had a death-rate from plague of 65 per 1000; Amritsar and Jullundur came next with a mortality of 30 per 1000 each; seven circles still remained unattacked. In 1904 only

one circle remained free from the disease. Shahpur had a death-rate from plague of 74 per 1000 of its inhabitants, Sialkot 48 per 1000; Gurdaspur 46 per 1000, Ludhiana 45 per 1000; Gujrat 41 per 1000, and Jullundur 35 per 1000. In 1905 the recurrence in the rural circles was not quite so severe as in 1904, still Rohtak had a death-rate from plague of 52 per 1000, Gurgaon 40 per 1000, and Ludhiana 34 per 1000. Similar rates are to be noted in the towns of the Punjab. For instance, in 1902 Rnpar, a small town in the Umballa district had a death-rate of 90 per 1000 of its population from plague. In Janke, a small town in the Sialkot district, a death-rate of 116 per 1000 from plague was registered.

In 1902 the Sanitary Commissioner reports that in the minor towns of the Ludhiana district the ravages committed were fearful. Raikot and Machiwara were almost decimated. Jagraon lost 11 per cent. of its population and Khana no less than 14 per cent. In 22 villages the death-rate from plague ranged from 20 to 40 per cent. of the population. These death-rates, or depopulation of villages, are similar to those which are recorded as having occurred in some of the villages of the Bombay Presidency. There some of the villages lost 33 per cent. of their inhabitants. As is always the case in plague, some places escape lightly in one year while others are almost depopulated.

Since 1903 special reports on plague in the Punjab have been discontinued and in that year the administration of plague was handed over to the Inspector-General of Civil Hospitals, an officer whose duties in ordinary times are always of an onerous character and who could have no time to devote to this extra work. Owing to these changes the information is henceforth scanty. In 1904, however, there can be gleaned from the few remarks made by the Sanitary Commissioner, when treating of the vital statistics of the province, the havoc which the plague caused in some localities. Thus he says: "As an instance of the fearful increase in the mortality caused by plague, it may be noted that the death-rate of the district of Shahpur in April when plague was most virulent was *twenty-three times* higher than in August, by which time the disease had entirely disappeared. The total number of deaths in April in that district was 17,889, of which no fewer than 17,012 were ascribed to plague, as against only 781 in August, including one death from plague. The death-rate for Shahpur for April was *415 per mille per annum.*" With this rate in the district of Shahpur as a whole, it is safe to say that similar rates of 20 and 40 per cent. occurred in some of the villages as were recorded two years previously in the villages of Ludhiana. There was in 1904 an abnormal increase in the total urban death-rate which the Sanitary Commissioner states was accounted for by plague, and he mentions the high rate of 145 per 1000 in Hodal in the Gurgaon district and of 125 per 1000 in Miami in the Shahpur district, whose death-rate from plague was 100 per 1000 in each case.

If the totals for the five years in the rural circles be taken it will be seen that the Ludhiana district lost 100,000 of its inhabitants out of 586,000, or more than 1 in 6. Sialkot lost 103,000 out of 994,000, or nearly 1 out of every 9. Gujranwala lost 101,000, or nearly 1 in 8 of its population. I have not been able to add to these losses in the rural districts those of 1906, which was a comparatively light year, and those of 1907, which has been worse than any of the previous years, but the figures as they stand demonstrate a devastation on an immense scale, and which with the losses of 1906 and 1907, together with what is to come, means a mortality comparable with even that of the Black Death.

Though not able to give the statistics of the rural circles for 1906 and the earlier months of 1907, I am able to give them for the divisions and districts of the Punjab as a whole from the year 1901 to May 11th, 1907. There are five divisions in the British territory of the Punjab Province. These divisions contain a population of 20,000,000. Since 1901 they have lost 1,500,000 of their inhabitants—i.e., more than one-fourteenth of their total population. The Jullundur and Lahore divisions have suffered the most. Jullundur has lost 441,000 of its inhabitants out of 4,269,000—i.e., more than one-tenth; and Lahore has lost 665,000 out of 5,550,000, or nearly one-eighth. In these two divisions the incidence on some of the districts was very heavy; thus the district of Ludhiana has lost 140,000 out of 673,000 of its inhabitants, which is more than one-fifth of its population; another district of Gujranwala has lost 156,000 of its inhabitants out of 890,000, or slightly less than one-fifth of its population.

There are 29 districts in the Punjab and eight districts have lost less than 1 per cent. of their population, seven districts under 5 per cent. of their population, three districts over 5 and under 10 per cent. of their population, nine districts over 10 and under 15 per cent. of their population, and two districts have lost 17 and 20 per cent. of their population. With the districts as a whole giving such figures it is certain owing to the fact that plague is never evenly distributed, that some of the villages have lost half their population.

THE PREVENTION OF PLAGUE IN INDIA THE MOST IMPORTANT QUESTION FOR INDIA AND ENGLAND AT THE PRESENT TIME.

The disease attacks the able-bodied and the strong, the bread-winners and protectors of the family. It is the sturdy peasants of the Punjab, the sowers and tillers of the soil, the producers, that are dying in such enormous numbers, and if they continue to die the effect, as has been the case in all epidemics, will be a serious disorganisation of the social and economic conditions of the province. Already in 1903 the Lieutenant-Governor of the province recorded that there had been an increase of crime and although the effects of the plague had not been immediately apparent he anticipated that trade, agriculture, and education, recruiting and other interests were bound to suffer. These anticipations and more have happened and the state of the Punjab has become socially and politically a serious cause of anxiety. It has recently been announced in the *Times* that there is a deficit of 18 lacs of rupees in the Punjab revenues of last year and that in many places the crops are standing unreaped because there are no harvesters. The silence of those unharvest fields, together with the figures of mortality, should bring to everyone's imagination a very clear realisation of the awful devastation of the Punjab. Nor are the effects likely to be confined to the Punjab, for there can be no moral and material progress of India as a whole when one of its smaller provinces is being more than decimated, and when there is danger of the disease attacking other provinces with a similar intensity.

It will be recognised from the foregoing facts that the dying millions in India present a problem of the greatest urgency and danger. The plague if left as it has been within recent years to take its own course bids fair in such circumstances to overwhelm not only India but also to be a danger to the world.

MODES OF DISSEMINATION AND CHANNELS OF INFECTION.

Turning to the preventive aspects of plague the question arises. Are the principal modes of dissemination and the channels of infection known?

It is now accepted that the importation of plague into a healthy locality can be effected by an infected human being, or an infected rat, or infected clothes. Observations have been so numerous as regards these agencies as to remove all doubt on this point. Dr. E. E. Klein has further shown by some important experiments that infected grain may also be an agent in the importation of the disease. By feeding rats and guinea-pigs with grain which had been contaminated with old cultures of plague, and which was then dried, he was able to cause plague in those animals, so that grain which has been infected with infective material from plague rats or human beings may, on importation into a healthy seaport, give plague to healthy rats on shore which eat the contaminated portions of the grain. The association of corn ships with plague is a very old one. In recent years the association has been ascribed almost wholly to plague rats on board ship which have left the ship and infected healthy rats on shore, but now infected grain must be added as a likely agent.

Once imported, the dissemination of the disease is effected by similar agents as those bringing about importation. Rats, clothes, human agency, and food play their respective parts. It is now almost universally admitted that, except in pneumonic cases rats are the principal agents in the dissemination of the disease, though personal contact, as in typhoid fever, also plays its part. They bring the infection into houses connected with their subterranean passages. In Hong-Kong one could trace many of the subterranean passages with their infected rats and their connexion with the distribution of the disease in the houses. A systematic bacteriological examination of rats trapped and found dead proved that plague in the rats of the locality preceded plague in man. So constantly did this occur that as soon as plague-infected rats were discovered measures were introduced as in Cape Town but on a more extended and systematic basis, of treating the house or locality as plague infected. In other words, a policy of forestalling plague was adopted. The precedence of rat plague in relation to plague epidemics was observed in Bombay, the Punjab, Calcutta, South Africa, Australia, and Southern China. The value of the Hong-Kong observations lay in the direct evidence obtained by scientific and precise methods not only of the direct relationship which the precedence of rat plague bore to human plague but also of the important role which the rat plays in the spread of the disease from house to house and in groups of houses. Similar observations were made by Dr. J. Ashburton Thompson in Sydney, but under different conditions. The Sydney out-breaks are comparatively mild, the mortality being under 40 per cent., and consist mainly of bubonic cases with but few septicæmic cases. Probably the type in Sydney was the same as that met with in Cape Town, where one of the marked features was absence of cerebral symptoms and intestinal disorders, differing in this respect from the type met with in Poona in 1897, but which in 1907 seemed to me to have changed, presenting fewer nervous symptoms. The Hong-Kong outbreaks are exceptionally virulent, the mortality being over 80 and 90 per cent., and with a large percentage of septicæmic cases.

The problem of the dissemination of the disease by rats is not solved by simply proving that rats are infected with plague in a house or locality before human beings, or by the fact that if measures are taken to dispose of the infected rats human plague will not occur, and, *vice versa*, if no measures are taken plague will attack some of the inmates of the house. The question naturally arises, How is the infection of the rat transferred to man? There are two views and the upholders of each have a tendency to claim that theirs is the only way. The more that is learnt of plague the more it is evident that there is no only way.

THE FLEA THEORY.

Dr. Ashburton Thompson had exceptional opportunities of studying the small outbreaks in Sydney and on that study he came to the conclusion that Simond's theory that the flea on the rat, leaving the rat dead from plague and then biting man, transfers plague from the rat to man, explained the phenomena connected with plague. That theory, of which Dr. Ashburton Thompson is the champion, has recently received very valuable support in its favour from the very important experiments made by the Indian Plague Commission and which are the outcome of certain researches by captain W. G. Liston, I. M. S., to whom much credit is due for his excellent work in this direction. These experiments established first the accuracy of Simond's and Ganthier's and Bayland's experiments as to the power of infected fleas from plague rats causing plague in healthy rats: 61 per cent. of the white rats, which are very susceptible to plague, and 52 per cent. of the Bombay rats experimented on contracted plague by the transference to healthy rats of fleas from infected rats. Similarly, guinea-pigs allowed to run free in plague houses in many instances attracted a large number of fleas, most of which were rat fleas, and 29 per cent. of the guinea-pigs contracted plague. Animals in cages protected from fleas by a layer of "tanglefoot" did not contract plague, while animals in cages not so protected developed plague to the extent of 25 per cent. Out of 247 fleas caught on the "tanglefoot" 60 per cent. were human, 34 per cent. were rat, and 6 per cent. were cat fleas. Plague-like bacilli were demonstrated in the stomach contents of one out of 85 human fleas dissected and of 23 out of 77 rat fleas. The commission carried the observations a stage further, and by the transference of infected fleas from guinea-pigs started an epidemic of plague among healthy guinea-pigs which was maintained by the introduction of fresh infected fleas.

That the flea is an important agent in spreading plague from rat to rat and in the maintenance of rat epizootic is evident from these experiments. The rat flea, variously named by different observers *Pulex cheopis*, *Pulex murinus*, and *Pulex pallidus*, and commonly found on the *Mus rattus* was the active agent in the transfer of the disease from rat to rat and from rat to guinea-pig. To the extent to which the *Pulex cheopis* is an agent in keeping up the epizootic in the rat, it will account for the epidemiology of plague, but it is not a necessary deduction from this that *Pulex cheopis* plays the same active part in the transfer of the disease from the rat to man as it does from rat to rat, though it may be credited with an indirect influence in the maintenance of the disease in man owing to its being an active agent in the dissemination of the disease in rats and possibly in other animals.

There is much in favour of *Pulex cheopis* playing an active part in the transfer of plague from the rat to man. There can be no doubt that *Pulex cheopis*, unlike *Pulex fasciatus*, another common rat flea, bites man. *Pulex cheopis* is only found occasionally in ordinary circumstances on man. As a rule, it is either the human flea or *Pulex canis* that is usually found on man. Hilger identified 59 per cent. of over 2000 fleas which he found on man as being *Pulex canis*, and it may possibly have been this flea which, owing to its wide distribution on rats, dogs, cats, and man, gave rise to older views that dogs, cats, and fowls from infected houses spread plague even when these animals were unaffected. In certain circumstances *Pulex cheopis* may be found in numbers on man, such as the instance given by Liston, in which 46 per cent. of the fleas found on the persons of inmates in an infected house proved to be *Pulex cheopis*.

In Hong-Kong in 1902 I was able to infect two monkeys by placing rats which had died from plague and which were covered with fleas in the same cages as the monkeys but in compartments which prevented any possible contact between rat and monkey but which allowed of a free passage of fleas from rat to monkey. Both monkeys fell ill but recovered. The Indian Plague Commission has in a similar fashion, on two occasions succeeded in transferring the plague of the rat to monkeys by the agency of fleas. As it is in the monkey so probably it is the case in man. No direct experiments can be made to prove this, but the accidental infection in man caused by the handling of rats dead from plague and on which Simond's first founded his theory would appear to bear the interpretation given them by the laboratory experiments.

On the other hand, taking the most liberal interpretation of the flea theory based on the experiments mentioned, it is doubtful whether the flea theory will account for more than a certain percentage of the fatal bubonic cases which may vary in different circumstances in different localities. Out of ten experiments with monkeys by the Indian Plague Commission eight failed and in my own experiments the monkeys recovered. Moreover, the fact that infants under one year of age are more or less immune to plague militates against the flea being as important an agent in the causation of human plague as of rat plague. The incidence on infants is very small. This has been shown by Lieutenant-Colonel C. J. Bamber, I.M.S., in the different Punjab epidemics. This immunity is shared with the aged. Fleas probably are not attracted to old people but the same cannot be said with reference to infants who sit, lie on, and crawl about the floor. The food of infants fed as a rule at the breast of the mother differs from that of the adults in that it is pure and not subject to contamination with plague virus and herein probably lies the explanation of the immunity of the infant.

THE FOOD THEORY.

The difference in the type of the disease in Sydney as contrasted with Poona and Hong-Kong has already been mentioned. More post-mortem examinations are made on plague cases in Hong-Kong than in any other part of the world, and it is on the observations there both on man and animals that the theory has been formulated that the ingestion of food contaminated with the plague virus is the cause of septicæmic cases of plague.

Wilm in 1896 found that in 20 per cent. out of 150 necropsies the mucous membrane of the stomach or intestines showed lesions with hæmorrhages, and he was successful in causing plague in fowls by feeding them with plague material and with pure cultures of the plague bacillus. He also succeeded in infecting a pig fed with the spleen of a man who had died from plague. In 1897 the German Commission in Bombay was successful in causing plague in rats, a mongoose, a squirrel, and monkeys by feeding experiments, but failed with mice, guinea-pigs, dogs, and pigs. The Austrian Commission was successful in similar experiments with guinea-pigs, rats, mice, and cats, but failed with dogs, pigeons, hens, and a mongoose.

In 1902 I had the opportunity of seeing with Dr. W. Hunter a large number of necropsies on plague cases in Hong-Kong and we were able to confirm the great frequency with which the intestines are the seat of primary hæmorrhagic lesions and the mesenteric glands swollen and hæmorrhagic. Later Dr. Hunter has given a detailed description of the pathological changes which are observed in the alimentary canal and which are practically present in all the septicæmic cases of plague. The stomach shows well-marked congestions and hæmorrhages; some of the

hæmorrhages may occasionally be of the size of a dollar piece. The changes met with in the small intestines are even more severe than those in the stomach. Petechial hæmorrhages and blood extravasations with necroses, forming not infrequently superficial ulcers, are common. Peyer's patches and solitary follicles are swollen and may be hæmorrhagic, and in some parts inflammatory changes extend through the walls of the intestine. The mesentery is frequently affected by extensive hæmorrhages and the contained lymphatic glands are enlarged and hæmorrhagic. The lymphatic glands standing in relation to the ileum and cæcum are almost always affected. They are frequently double their ordinary size and on section are cedematous, with minute blood extravasations into their parenchyma. With Dr. Hunter and Dr. Matsuda, a Japanese medical man lent to the Government of Hong-Kong by Japan, I was able to carry out a series of feeding experiments which established that poultry, calves, pigs, sheep, rats, and a monkey contracted plague by feeding. We failed to cause plague in dogs by feeding. These observations on men and on animals led me to the conclusion that septicæmic plague is in most cases contracted by the alimentary canal; an additional fact which lends support to this view is the frequency of abrasions and denudations of the alimentary canal in Asiatics. Dr. H. Fraser, who is engaged in a research on the condition of the intestines, showed me in his laboratory at Kuala Lumpur in the Malay State microscopical specimens of the intestines of Chinese and Indian in which he had found over 50 per cent. with abrasions or ulcers. Dr. Hunter has also shown that when premonitory symptoms of plague do manifest themselves the patients frequently suffer from gastric and intestinal disorder with diarrhoea and in these cases examination of the blood shows a septicæmic infection.

More decisive than even the foregoing experiments on animals are those made by Dr. Klein in this country because of the convincing histological work which he has associated with them. He has proved beyond all question of dispute that the plague bacilli taken in contaminated food multiply while the food is in the intestines, enter through the lymph channels or lacteals of the intestines, and invade the blood in swarms. The only qualification is that the microbes shall be so protected as not to be affected by the gastric juice.—*The Lancet*, 13th July, 1907.

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REPERTORY OF THE MEDICAMENTS OF
LEUCORRHŒA.

(Continued from p. 319).

A. COLOUR OF THE FLOW.

1. *Bluish.* Ambra.
2. *Brown.* Ammon. mur. Helonias. Kali ars. Lilium tig. Sanguin. Secale. corn. Ustilago.
3. *Flesh-coloured.* Alumina. Nitric ac. Tabac.
4. *Greenish.* Carbol. ac. Cûbeba. Lachesis. Nitric ac. Murex purp. Merc. Stan. Sepia. Thuj.
5. *Milky.* Calc. carb. Ferrum. Kali iod. Puls. Phos. Saracen. Sepia, Sulph. ac.
6. *Reddish.* Canth.
7. *Sanguinolent.* Aco. Arg. nit. Baryta carb. China. Coeculus. Coffea. Copaiva. Crocus. Murex purp. Nux mos. Trillium. Zinc.
8. *Transparent.* Alumina. Agnus cast. Natrum mur. Pallad. Podo. Stan. Sulph. ac.
9. *Yellowish.* Aco. Aesc. Arg. nit. Asaft. Aur. Bov. Carbo an. Ceanoth. Cham. Copaiva Cubeb. Eucalyp. Kali carb. Kali bi. Kali ferrocy. Lilium tig. Nux vom. Nat. carb. Phos. ac. Sabin. Sepia. Stan. Tarent. Trillium. Ustilago.

10. *White*. Alumina. Ambra. Ant. t. Bor. Bov. Con. Kreos. Lac can. Merc. sol. Natr. mur. Nitrum. Petrol. Plat. Puls. Tartarus. Sarracen. Vibur.

11. *White of eggs, like*. Ammon. mur. Bor. Calc. Phos. Mez.

B. QUANTITY OF THE FLOW.

1. *Abundant*. Aco. Alumina. Ammon. carb. Ant. cr. Arg. ni. Asaf. Aur. Bell. Bor. Bufo. Calc. carb. Carbo veg. Caulo. China. Cinnab. Coccul. Coffea. Con. Eucalyp. Ham. Helon. Hydrag. Iod. Kreosot. Lach. Liliū tigr. Lyco. Mag. carb. Mag. mur. Mag. sulph. Nat. carb. Phos. ac. Phos. Sabin. Sepia. Sulph. Ustilago.

2. *Abundant, excessively*. Caust. Graph. Nat. mur..

3. *Abundant, slightly*. Curare. Graph. Mag. carb. Puls. Sarsa. Sulph.

4. *Obstinate*. Aco. Bor. Hydras. Helon. Kali bi. Phyto.

C. QUALITY OF THE FLOW.

1. *Acrial, corrosive*. Alumina Ammon. carb. Anac. Arg. ni. Ars. alb. Ars. iod. Aur. Bell. Berb. Canth. Carbo veg. Cham. Con. Copaiv. Cubeb. Eucalyp. Ferrum. Guaco. Ign. Iod. Kali ars. Kali bi. Kali carb. Kali iod. Kreos. Lil. tigr. Merc. sol. Mez. Nat. mur. Nat. sulph. Nit. ac. Phos. Puls. Ranan. Ruta. Sabin. Sanguin. Sepia. Sil. Sulph. Sulph. ac. Syphil. Tarent. Ustilago. Vibugn. Zinc.

2. *Albuminous*. Ammon. mur. Bor. Mez. Petrol. Thnj.

3. *Aqueous, Serous*. Ammon. carb. Carbo an. Carbo veg. Coccul. Cham. Graph. Lac can. Mag. carb. Mag. mur. Puls. Plat. Sil. Sarracen. Syphil.

4. *Burning*. Alumina. Ammon. carb. Ars. Canth. Carbo an. Con. Hepar sulph. Kali carb. Kreos. Mag. sulph. Merc. sol. Puls. Sulph. Sulph. ac.

5. *Debilitating*. Aletris, Ars. Bart. carb. Guaco. Helon. Hydras. Iod. Kreos. Stan. Trillium.

6. *Gnawing*. Ign. Iod. Phos. Ruta. Sulph. ac.

7. *Ichorous*. Ars. Coccul. Calend. Kreos. Sabin. Sulph.

8. *Jerks, by*. Graph.

9. *Mucous.* Alumina. Ambra. Ant. t. Arg. ni. Bart. carb. Con. Graph. Kali carb. Kali iod. Lach. Mez. Nat. mur. Nit. ac. Nux vom. Puls. Sarsa. Sepia. Stan. Thuj. Tartarus. Zinc.

10. *Prurient.* Anac. Calc. carb. Carbo veg. Con. Kali carb. Kreosot. Lyco. Merc. sol. Nitric ac. Phos. ac. Sepia. Sil.

11. *Puriform.* Calend. Coccul. Curare. Guaco. Ign. Kali ferrocy. Merc sol. Nitric ac.

12. *Smarting.* Carb. an. Ferrum. Hepar sulph. Merc. sol. Phos.

13. *Thick.* Aesc. Alumina. Ars. Ambra. Aur. Bor. Bov. Copniva. Curare. Kali bi. Mag. mur. Mag. sulph. Nat. carb. Nat. mur. Phyto. Podo. Psorin. Puls. Sabin., Sarracen. Sep. Sulph. Vibur. Zinc.

14. *Vesicating.* Phos.

15. *Viscous.* Aco. Aesc. Ammon. mur. Bov. Hydras. Kali bi. Phos. Stan. Tartarus.

D. ODOUR OF THE FLOW.

1. *Ammoniacal odour.* Ammon. carb.

2. *Fetid.* Ammon. mur. Arg. nit. Asaf. Bapt. Carbol. ac. Chin. Curare. Kali iod. Kreasot. Nitric ac. Nux vom. Psorin. Sabin. Sang. Secal.

3. *Odour of menses.* Caust.

4. *Odour of brine.* Saucula.

E. TIME OF THE FLOW.

1. *Before menses.* Alumina. Bart. carb. Berb. Calc. carb. Carbo veg. Cedron. China. Cubeb. Ferrum. Lach. Pallad. Plat. Puls. Sabin. Sepia.

2. *During menses.* Alumina. China. Coccul. Carbo an. Con. Graph. Iod. Lach. Lac can. Puls. Zinc.

3. *After menses.* Alumina. Bov. Calc. carb. Calc. phos. Carbol. ac. Cubeba. Lach. Lit. tig. Nat. sulph. Nitric ac. Pallad. Phos ac. Plat. Puls. Ruta. Sabin. Sang. Sepia. Sulph. Tabac. Trillium.

4. *Between menses.* Aletris. Alumina. Bor. Bov. Calc. carb. China. Coccul. Con. Ham. Sabin. Thuj. Trillium.

5. *In place of menses.* Ars. China. Coccul. Dros. Graph. Kali carb. Lach. Mag. carb. Nux vom. Phos. Ruta. Sabin. Sil. Sulph.
6. *At night only.* Ambra. Caust. Lac can.
7. *During evening.* Caust. Merc. sol. Nitric ac. "
8. *In the morning.* Aur. Bell. Calc. phos. Kreos. Helon. Graph. Mag. mur. Mag. carb. Phos. Sepia. Zinc.
9. *After mid-day.* Alumina. Mag. carb.
10. *During day only.* Alumina. Calc phos. Lac. can. Petrol. Plat. Sepia.
11. *During or after urination.* Calc. carb. Carbo veg. Mag. mur. Nat. carb. Plat. Sil.
12. *During or after stool.* Mag. mur. Zinc.
13. *During walk or movement.* Alumina. Bov. Carbo an. Helon. Nat. mur. Mag. carb. Nitric ac. Phos. Sarsa.
14. *After meal.* Cham.
15. *At intervals.* Calc. carb. Con. Kreos. Lyco. Mag. mur. Sil.

F. CONCOMITANT PHENOMENA.

1. *Burning in rectum.* Aesc. Alumina.
 2. *Cutting and pinching around navel.* Caust. Con. Mag. carb. Nat. carb. Puls. Sil. Sulph.
 3. *Indifference or aversion to coition.* Caust. Nat. mur.
 4. *Itchiness in vagina.* Con. Sepia.
 5. *Pain of dislocation in sacro-illiac sympheses.* Aesc.
 6. *Pain as in parturition.* Dros.
 7. *Pain in loins.* Aesc. Ammon. carb. Bart. carb. Coccul. Graph. Hyper. Kreosot. Nitrum. Sabin.
 8. *Sensation as if hot water passed along thighs.* Bor.
 9. *Sexual excitement.* China. Coffea. Plat.
 10. *Swelling of abdomen.* Ammon. mur. Carbo veg. China. Lyco.
 11. *Uterine cramps.* Bell. Crocus. Caust. Ign. Mag. carb. Mag. mur. Nat. mur. Podo.
 12. *Voluptuous dreams.* Petrol.
 13. *Vulvar pruritus.* Collin. Cubeba. Hydras. Natrum. mur. Nitric ac. Puls. Sabin. Sepia.
- L'Art Medical.*

SUPPURATION.

Suppuration may be briefly defined to be the process of producing pus or purulent matter. The occurrence is so complicated that it is difficult to understand its signification. It may be localised or diffused. If the suppuration is insignificantly small, it may end in a small nodule called caseation. If it be large the tendency is to burst. Lancet is generally applied to relieve the pus. The drawback of using lancet is that it leaves a scar. Self-bursting does not leave that relic. Depending on the province of aesthetics of beauty, it is a question of importance whether an abscess on the face or the forehead of a girl should be opened, or allowed to burst. The theory of utilitarianism disregarding the consideration of feeling has not an abiding influence.

At present our aim is to delineate the treatment of suppuration. The important fact is that we use only a few medicines to prevent suppuration. The necessary consideration for the treatment of suppuration is to limit or prevent it. It will be the pleading of ignorance if we do not take into consideration the effort of medicines preventing the formation of pus. Though it is not possible in all cases of inflammation to do so, yet it can be unhesitatingly said that at least a majority of inflammation can be cured by the use of homœopathic medicines. The scope of the work which falls within the treatment of suppuration comprehends cases of inflammation when they do not subside producing resolution. In other words, our effort is to limit the scope of suppuration and not to enhance it. There are homœopathic medicines which can create exuberant pus when not properly applied. One of them is Hepar Sulph. The indiscriminate use of these medicines has created great mischief in some cases. Our attempt, therefore, should be to limit the production of pus and not to increase it. Another fact which should be taken into consideration is that the pus should be of laudable nature, having sweet smell and not containing much sanious matter. For, sanious or other matters may produce decomposition which will change the aspect of the healing

process for the worse. Unhappy circumstances may occur which retards the progress of the healing process. Proud-flesh granulations, or whitish aspect of the sore may accompany the process of ulceration. Properly speaking, these facts pertain to suppuration as well as to ulceration. Suppuration is not confined to the fact of the collection of pus when it is not relieved. As soon as an opening takes place it comes under the province of both the processes and does not pass beyond that of suppuration.

Aconitum Nap. As we have succeeded in reducing the fever and inflammation associated with suppuration by our medicaments in cases of suppuration of the liver, carbuncle, etc., it is interesting to gather opinions on this point. Hughes writes: "First, it has little control over the fevers resulting from morbid poison.....Secondly, Aconite will do little for a fever which is symptomatic of an acute local inflammation."

The fact is otherwise as we have just stated our clinical experience. Generally, our knowledge has been vitiated by confining ourselves to symptomatology without pathological consideration. Further on, he says, "The condition, then, to which Aconite is homœopathic, and which makes it our great febrifuge, is one of *tension* of the nervous and arterial systems, manifesting itself by restless anxiety in the one, and chill and heat, with thirst, in the other."

The question that naturally arises is, to what condition the arterial tension of Aconite is due? There must be some morbid state of the blood which gives rise to this tension. We objected to the use of the word tension as it does not properly indicate the condition of the pulse. The tension, seems, to be inflammatory than any thing else. The muscular fibres of the blood vessels are contracted by the nerves supplying them for some useful purpose. In inflammation, the contraction of the calibre of the arterial coat is necessary to facilitate the full progress of the onward flow of the blood and prevent partial stagnation of the blood cells adhering to the inner coat of the arteries. Our experience is Aconite can do away with inflamma-

tion when it is used in lower dilution. We have generally succeeded with the first decimal.

Clarke has followed Hughes in making Aconite applicable to all tensions, without making an enquiry as to the cause of the tension. It is very well to speak of tensions every where, but to make them explicit is a great difficulty. He writes: "Dr. Hughes has acutely remarked that the condition to which *Aconite* is homœopathic is one of *tension*; and this word gives the best idea of the action and sphere of *Aconite*. There is emotional and mental tension, as shown in fright or fear and its consequences, anxiety and fear of death; tension of the systemic vessels as in the effects of a chill, Asiatic cholera and hæmorrhage; muscular tension, as in tetanus; tension of involuntary muscles, as in heart spasms, and tension of the semi-involuntary muscular apparatus of respiration as in asthma; and finally tension of the special senses in heightened sensation and heightened sensitiveness to pain; in a feeling of numbness in parts, as if bound tightly and also a sensation of being tightly bound in the limbs and in other parts. Hence it is that *Aconite* in its therapeutic action corresponds to the effects of a number of conditions which excite a state of tension."

We are unable to follow the metaphorical use of tension. Emotional and mental tension is generally understood by the word anxiety. The pertinent remark is, whether emotional or mental tension is due to tension of the nerves? By tension of the systemic vessels, we understand inflammation with arterial contraction. In tension of the muscles of the heart we are told that it is cramp. Curiosity leads us to ask whether that tension is due to hyperæmia, congestion, inflammation or anæmia? In the first stage of cholera, it is the anæmic state. In hyperæmia congestion or inflammation of the heart muscles as well as in their anæmic state contraction may take place. We are bound to call them muscular contractions caused by different circumstances; but in all of them Aconite is applicable. In asthma, the irritation of the phrenic nerve carried through the pneumogastric, causes the insufficient respiration. At the

bottom, congestion or inflammation of a portion of the lungs tissue rests. The feeling of tension of the nerves of the special senses may be due either to anæmia, hyperæmia, congestion or inflammation. Without making the confusion worst, confounded, we would simply point out that anæmic, hyperæmic, congestive or inflammatory conditions of blood-vessels want the use of Aconite.

The cases of inflammation where we have used Aconite had no restlessness, with the fever. The pulse was rather hard and full. There 1st decimal succeeded well. In anæmic state of the blood vessels and of the heart as in cholera various dilutions have been used. We prefer the administration of the 3rd or the 6th decimal dilution, as the first decimal dilution or the mother tincture may lead to sudden stoppage of the heart's action.

Confining ourselves to suppuration as existing with inflammation our experience is that Aconite can limit inflammation as well as the production of pus. The medicines which can arrest inflammation will necessarily oppose the suppurative process.

The following interesting description of the action of Aconite by Hempel and Arndt will repay perusal. They say "We know from actual experiment that aconite is endowed with a specific capacity of inducing a torpor of the capillaries. Now, if the capillaries are torpid or semi-paralyzed, what must be the effect of such capillary stagnation upon the general circulation? The necessary and unavoidable consequence must be to induce arterial engorgements. The arterial ramifications as they approach the capillaries, swell up in consequence of this afflux of blood, which is deprived of its natural outlets, and we have precisely such a condition as we term congestion. In proportion as this stagnation of the capillaries is more or less complete, we have a symptom of reaction either a state of simple passive plethora or of more or less acute congestion, or inflammation."

This condition of continued inflammation is succeeded by suppuration. The white cells emigrate outside the capillaries. The swollen condition of the surrounding tissues shews exudation. The serous exudation with the white cells form the pus. The

red cells of the blood may come out through a hole if it exists in the capillaries by the migration of the white cells. The engorgement may distend the capillaries, and the result is the exudation by forcing open the distended vessel. The process of suppuration then follows by the accumulation of the collected material, and the changes in the tissues in which it is deposited. The limitation of the puriform matter is possible by the absorption of the serous fluid if it is not much altered and the unchanged cells. If the engorgement is lessened, the inflammation is partly relieved, the absorption of the exuded material may take place. In other words, we can roughly say that the exudation is a kind of exosmosis and the absorption is endosmosis. Nature's healing art is the absorption. When absorption cannot entirely occur, and a small quantity of pus is left behind, the process of condensation of the matter may take place. It is known as caseation. When the quantity of pus can not undergo the process of condensation, then the matter bursts out of itself or the help of lancet is needed to evacuate the pus.

We must acknowledge that there are homœopathic medicines which can help to relieve hyperæmia, congestion or inflammation and assist the absorbing power. Aconite is one of those medicines. The fulness of the pulse and the fever are its indications for use. We entirely deny that restlessness is an indispensable consideration for its adoption. We are disposed to believe that many symptoms as restlessness and fear of death have been wrongly taken as the keynotes of the medicine in all cases. What we think is that they may or may not be present. Their absence do not preclude the use of Aconite. On the contrary, their presence may enforce the selection.

Again in Hempel and Arndt the following uses of Aconite in inflammation and suppuration are observed :

"Inflammatory fever may be symptomatic of other acute diseases, eruptions, local inflammations. In such cases Aconite is likewise to be administered ; the middle or higher attenuations up to the 30th will very frequently be found sufficient to effect a radical change in the pulse and even to scatter the local congestion or inflammation." Again with regard to ulcer they say. "Aconite might prove not only useful but indispensable in inflammatory sores, with a good deal of itching, stinging and burning pain. Among these sores we may rank the acute scrofulous ulcer when it develops itself suddenly from a small pimple or vesicle ; the bottom of the sore is lined with a greyish mucus, the edges look angry, inflamed, bleed readily ; the ulcer is surrounded with an indurated border, and inflamed pimples start up in its neighbourhood, forming the nuclei of ulcerative processes

which gradually coalesce in one large sore. The burning, stinging, and itching are sometimes intolerable. Aconite is one of the most efficient agents to strike down the inflammatory actions; sulphur may afterwards be required to extinguish the scrofulous taint."

Alumen according to Clarke is applicable to the following condition: "There is a tendency to indurations whenever inflammations occur, hence: scirrhus indurations; indurated glands."

Alumen has been practically found applicable to indurations of inflammation and suppuration. Hence it includes cases of nodules left after inflammation and cessation.

Ammoniacum may be serviceable in cases of appendicitis having stitches in the caecum in the evening with pains elsewhere.

Anagallis Arvensis has the following symptoms recorded by Clarke: "Like the *Primula obconca*, *Anagallis* has a marked action on the skin. Skin itches all over; becomes dry and rough; has bran like tetters in rings; ulcers and swellings on joints." The indications may help in ulcerated swellings of joints and other places of the body.

Anthracinum can be used in any kind of suppuration with distressing burning. The following indications have been mentioned by Clarke; "Anthracinum is indicated in all conditions of boils and boil-like eruption (as acne in some forms, and in carbuncles). It was introduced into homœopathic practice by Lux the veterinarian long before the experiments of Pasteur. The keynote for its employment is 'succession of boils' or carbuncles but it is also of the greatest use in other cases. 'Terrible burning' with carbuncle. The potentised virus is the best remedy for the disease from which it is obtained—'Splenic fever' in animals, and 'Malignant pustule' in human beings. Erysipelas of a foul kind and gangrenous erysipelas; cellulitis. 'Hard, stony' swelling in region of right lower jaw and submaxillary gland. Anthrax—quinsy. Whitlow and sloughing. Glands painfully swollen. Induration of cellular tissue. Black or blue blisters. Horribly offensive gangrenous ulcers." *

Sloughing ulcers of any kind want the use of Anthracine. Great burning with suppuration is another sphere of its application. The leading pathological indication is that the pus has putrid odour with sloughing.

Apis is applicable to all cases where burning stinging pains are present. For this reason it can be applied in abscess, erysipelas, carbuncles, boils, and swellings of all descriptions.

The burning stinging pains in abscess may come on in the stage of inflammation but generally they manifest in the stage of suppuration, when even a little quantity of pus has formed. Its indication is the burning stinging pain. In some cases even without the pain on account of redness and swelling, the medicine is used when Belladonna has failed to improve the condition of the inflammation.

Allen has the following note: "Valuable for urticaria, erysipelas and œdematous swellings, always with extreme sensitiveness to touch and with stinging burning pains." The inflammatory state in these cases may not extend to suppuration, but shews the tendency to spread and become dangerous to life, by involving the deeper tissues underneath the skin.

Hughes expresses the following opinion: "Urticaria like erysipelas may manifest itself internally. Here also we have acute œdema but without the tendency to suppuration belonging to the erysipelatos form. The distressing and sometimes even dangerous symptoms arising from this cause have several times been successfully encountered by Apis."

At present we are not interested with the form of inflammation which ends in sloughing without suppuration.

Aranea Diadema is used in hæmorrhage of any part of the body, including hæmorrhage in punctured wounds. Inflammatory suppuration of punctured wounds requires the administration of the medicine. It has exhaustion and pains like electric currents in the punctured wound.

Arctium Lappa has proved serviceable in suppurative sores with greyish white edges, and in old sores in joints.

(To be continued).

REVIEW.

A Treatise on Cholera and Kindred Diseases. By Dr. D. N. Roy, M.D., L.S.A. (London). The Elm Press, 62-2-1 Beadon Street, Calcutta, 1906.

The task of a reviewer is always a difficult one and his difficulty increases proportionately as the author is known to him more and more. The well-known Sanskrit proverb, *Satyam bruyāt priyam bruyāt na bruyāt Satyamapriyam*, i.e., "speak the truth and speak what does not hurt your feeling, but never speak the truth which hurts you," can not always be followed, for, true words are necessarily unpalatable when there is not much of praise to speak of.

This difficulty stood in our way to take up the book and give our candid opinion on it. However, though we come late in the field of criticism we believe we will not do injustice to the author. The book before us is a second edition of his "Cholera and its Preventive and Curative Treatment," after twenty-two years. The first edition came in 1884 just after his graduation in America. The present edition with slight alterations here and there is almost identical with the first so far as the history, the etiology, diagnosis, prognosis and the symptoms go. The treatment or rather the materia medica portion has been greatly enlarged and a separate chapter on "Reactions and Complications," with full materia medica for each complication has been added. One special feature in the book to be noticed is the author's complete change of opinion as regards diet. In the first edition he carefully described the preparations of the essence of beef, extract of beef, beef tea, mutton and veal broth and so forth, whereas in the present edition he does not make any mention about their preparations, but has described how the arrow-root, barley and sago waters are prepared. This change with regard to diet question is perhaps a result of his experience. The first edition, written in a country where meat is the principal

diet and at a young age of the author when men living in such country naturally are biased to such food, necessarily contained all those under the head of diet. We are glad to find that age and experience have taught him the very contrary to what he thought to be good when he was young. It is also our experience and we simply echo the experience of the late Dr. Sircar that animal food or rather undue indulgence in animal food is by no means good. There are many diseases such as rheumatism, gout, phthisis, &c., where animal food should never be thought of. Very recently a new fashion in the shape of raw meat juice has come into vogue and medical men have become mad after it. But very soon their experience, like what they had with many other medicines and diet, will show that this raw meat juice is not only unscientific but positively injurious.

At the end of the book there are a few clinical cases. Taken as they are, they are very good, but we can not say that they will enhance the value of the book, because every man of experience knows that no two cases are identical and consequently the value of such cases is almost infinitesimal. When the symptoms are well arranged and compared with the pathogenetic effect of the medicines then we have a thorough scientific basis of our treatment otherwise any number of cases will be almost useless.

The book is well got up and every student of homœopathy should keep a copy of it with him.

Leaders for use of Sulphur with comparison. By E. B. Nash, M.D., Author of "*Leaders in Homœopathic Therapeutics*," "*Regional Leaders and Leaders in Typhoid Fever*." Cloth. 159 pages \$1.00. Postage 6 cents. Philadelphia, Boericke and Tafel 1907.

It is an excellent book. The idea of studying our principal medicines in comparison with others is extremely happy. This method of studying our Materia Medica can give us the full insight into more nicer and oft neglected symptoms. The author begins his book with a happy quotation from *Haymakers* "A small farm well tilled is better than a large one slighted," and he amplifies this by saying that "one remedy well studied is better than several not half understood. One of the best

methods of gaining a practical acquaintance with our *Materia Medica* is to master one remedy at a time; both in itself, and its relation to, and correspondence with, other remedies." The author's happy style is simply fascinating and he slowly brings in 118 remedies one after another and compares them with his study—the sulphur.

Every man should get hold of a copy and not only read it but study it properly so that he may have a thorough knowledge of the drugs treated in the book.

Diseases of the Liver, Pancreas and Ductless Glands. By A. L. Blackwood, M. D., *Professor of Clinical Medicine and Materia Medica in the Hahnemann Medical College, Chicago, Author of a "Manual of Materia Medica, Therapeutics and Pharmacology," "Diseases of the Heart" and "Diseases of the Lungs."* 200 pages, Cloth \$1.25, Postage 5 cents. Philadelphia, Boericke and Tafel 1907.

This is a very good handbook on the diseases of the Liver, Pancreas and other ductless glands. The diseases of each gland have been thoroughly treated and the medicines selected are most important and well tried. The author is not a sentimental dilutionist; he prescribes in the ordinary Hahnemannian way and never uses the 500th, 1,000th or 10,000th dilutions.

There are diseases which require differential diagnosis such as fatty liver and amyloid liver, fatty liver and fatty liver with cirrhosis, amyloid liver and cirrhosis of the liver, acute yellow atrophy of the liver and the typhoid fever and so forth. In such cases the author has very appropriately given the tables of diagnosis. These tables are very important and the reader at a glance can master the diseases of the same nature. All the diseases enumerated in the book have been fully treated and no attempt for abbreviation has been made. In fact, the book is an exceedingly nice one and we would like to see it with every practitioner who follows the Hahnemannian method of treatment.

The author has not mentioned the several sources from which he drew up his material but we would ask him for the benefit of those who want to study the subject still deeper to give a list of bibliography at the end of the book in the second edition, which we believe ought to come out soon.

**Meteorological Observations taken at 8 A.M. at the Indian
Association for the Cultivation of Science, Calcutta.**

For the Month of August, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		Humidity.	CLOUD.	Rainfall in inches of past 24 hours.
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.		Proportion.	
1	29.500	E	3.5	94.0	81.8	80	6	Nil.
2	29.524	S E	2.0	91.8	81.0	82	8	0.12
3	29.461	S	4.9	91.0	79.0	86	8	0.96
4	29.544	S	4.1	90.0	81.6	82	9	Nil.
5	29.468	W	3.0	95.2	83.0	86	9	"
6	29.472	S S E	2.5	88.8	81.0	91	8	0.01
7	29.488	E	4.5	92.0	80.8	84	7	0.17
8	29.473	S	3.4	89.8	80.5	84	6	0.54
9	29.434	E	3.3	91.0	80.3	87	8	0.36
10	29.525	E	4.3	94.2	80.0	84	7	0.28
11	29.534	E	5.0	90.0	80.0	89	8	0.24
12	29.497	E	6.4	89.2	79.2	91	6	0.05
13	29.479	E	5.1	90.0	80.5	87	7	0.25
14	29.399	N	5.1	88.0	79.0	96	10	0.45
15	29.488	S	5.6	86.2	79.0	93	9	0.24
16	29.517	E	4.4	90.0	79.2	91	9	0.06
17	29.540	E	1.1	88.0	80.0	96	10	0.10
18	29.492	S	2.1	85.5	77.0	93	10	2.06
19	29.363	S	5.3	89.2	76.0	91	10	0.84
20	29.488	S	7.9	89.2	77.5	91	8	0.31
21	29.625	S	5.5	86.8	79.0	89	9	0.34
22	29.622	S	3.2	88.0	80.8	86	4	Nil.
23	29.576	S	2.5	91.8	82.0	84	7	"
24	29.507	W	2.4	91.2	81.8	63	6	"
25	29.490	E	1.5	91.2	77.5	87	5	2.57
26	29.518	E	4.4	91.0	80.8	83	7	Nil.
27	29.531	E	5.4	89.5	80.2	85	8	0.05
28	29.515	E	5.1	89.8	80.5	82	6	0.14
29	29.604	S	4.9	92.0	81.2	89	6	0.05
30	29.590	W	3.4	92.0	82.0	80	7	Nil.
31	29.540	E	1.9	92.0	81.5	84	7	Nil.
Mean	29.509	S E	3.9	90.2	80.1	86	7	TOTAL 10.08

Remarks: The mean atmospheric pressure of the month of August was 29.509 shewing decrease in consideration to that of

the last month which had been 29.554. It was about the same as that of the month of June. The mean direction of the wind was S. E. Its mean velocity per hour was 3.9 miles. The mean maximum temperature was 90.2 and the mean minimum 80.1, shewing the difference of 10.1 degrees. The difference was gradually reducing. The mean humidity during the month was 86. During the month of July it was 84. The total rainfall was 10.08 inches, shewing a slight increase to that of the last month which was 9.03. The appreciable rainfalls were on the 18th and 25th.

The mortality from cholera during the week ending the 27th July took away 65 persons. This was due to an increase of the mortality which shewed from the 20th July. During the week ending the 3rd August, it was 36. In the week ending the 10th August, the mortality came down to 15. It again increased to 27 during the week ending the 17th August. In the week ending the 24th August it was 25 and in the week ending the 31st it was 28, shewing slight increase. The rainfalls of the 18th and 25th as usual had no effect on the cholera mortality.

The mortality from plague during the week ending the 27th July carried away 16 persons. During the week ending the 3rd August it was 4. In the week ending the 10th August it was 7. During the next week ending the 17th August, it was 4 and in the next week ending the 24th August, it was 7. In the last week ending with the 31st August, the mortality was 3. The plague was on the decline during the month.

Mortality from smallpox was entirely absent during the week ending the 24th August. During the other weeks the mortality ranged between 2 and 3.

Deaths from fever were on the increase in comparison to those of the last month. During the week ending the 3rd August they were 117. In the week ending the 10th August they were 127. In the week ending the 17th August, they were 122. In the week ending the 24th they were 132. In the last week ending the 31st August, the mortality rose to 164.

Bowel complaints took away from 38 to 48 persons in a week.

The total number of deaths during the above mentioned period of five weeks was 2080 among the population of 8,47,796, shewing the ratio of 25.48 per mille. During the last month the ratio was 24.05, shewing an increase of 1.43 per thousand population.

EDITOR'S NOTES.

Epiphora : Nitric acid.

The *North American Journal of Homœopathy*, for August, contributes a case of epiphora cured by Nitric Acid. The following speaks for itself :

"A case of epiphora or hyper-lachrymation, especially of the left eye, which had been under an oculist's care, sought homœopathic aid, no improvement having taken place. The canal had been slit and sounds passed. On examination, no inflammation or suppuration was observable and the trouble was clearly referable to a neural irritation of the lachrymal gland. Nitric acid 5x was prescribed. In two weeks the individual returned, cured. Not all lachrymation can be removed with nitric acid. If the cause be an inflammation and occlusion of the canal nitric acid is of no use ; silica or other remedies come into play, aided by the proper use of warm or cold compresses ; sometimes surgical intervention is necessary, slitting up the canal and passing sounds."

Post-climaxis : Sulfur.

The *North American Journal of Homœopathy* for August has the following interesting case of post-climaxis cured by sulphur :

"Spinster, æt. 63, short and fat ; since the cessation of the catamenia twelve years ago the whole body has been bloated, swollen and there has been an eruption on the skin. The lower limbs were edematous, the epiderm everywhere watery, doughy, the face covered with a vascular eczéma, scabby and crusty, yet apparently dry, extending to the eyes, which were also affected ; there was a similar eruption on the hands to the fingertips. No renal or pulmonary lesions, but the heart was somewhat enlarged, presumably from fat, and its impulse weak and languid. Under the use of sulfur 6x, t.d. a marvellous improvement began. When the patient came again, ten weeks later, the eruption had practically disappeared, only a light-brown discoloration remaining, and the edema of limbs and skin, while not wholly gone, had markedly diminished. To this objective amelioration was also joined a feeling of great improvement generally. The remedy was continued, and the patient has not been seen since."

Coccygeal Neuralgia.

The following is from the *North American Journal of Homœopathy* for September :

"Dr. J. C. Wood, in the *Cleveland Medical and Surgical Reporter*, gives the following remedies as oftener indicated in dealing with neuralgic affections in and about the coccyx.

Magnesium phos. Sudden, piercing pain in the coccyx: sudden, violent, concussive, tearing, stiching pain in the region, as if the coccyx were bent backward.

Mercurius. Tearing pain in coccyx; worse at night; pain in sacrum as if one had been lying on too hard a couch.

Kreosote. Drawing pain along the coccyx down to the rectum and vagina, where a spasmodic contractive pain is felt.

Causticum. Dull, drawing pain in coccyx region; every movement of the body gives a pain in the small of the back.

Belladonna. Intense, crampy pain in small of back and coccyx, better by standing or slowly walking.

Lachesis. Continual pain in sacrum and coccyx; pain in small of back, as if sprained, hindering motion; agonizing pain when rising from a chair."

Diaceturia.

From the *British Homœopathic Review* for August, we get the following:

"Ethyl-diacetic acid, or rather *ethyl acetoacetate*, $\text{CH}_3\text{CO}\cdot\text{CH}_2\text{COOC}_2\text{H}_5$ (Geuther, 1863; Frankland and Duppa, 1865); has played a very large part in the synthesis of organic compounds in the hands of Frankland and Duppa. It has a faint but pleasant fruity odour. Both acid and its salts form a violet or brownish-red mahogany colour with solutions of *ferric chloride*, and the acid itself may be detected in diabetic urine by this means and by its odour. An acidified watery solution of the acid when heated to boiling, readily decomposes into *carbon dioxide* and *acetone*. The *ethyl* compound, when boiled with *dilute aqueous alkali* (or with *dilute sulphuric acid*) breaks up into *carbon dioxide*, *acetone* and *alcohol* (the "Ketonic decomposition"). This view of the origin of *acetone* is supported by the fact that *alcohol* is often found in the urine at the same time. Many other substances give a similar reaction with *ferric chloride*, but Hammarsten states that if the reaction be due to *aceto-acetic acid* (*diacetic acid*) it will not be obtained in carrying out the test with a second specimen of urine that has been boiled and allowed to cool, as the substance will then have suffered decomposition. The other substances, *e.g.*, *antipyrin*, *thallin*, *salicylates*, *carbolic acid*, and *oxy-butyric acids*, do not behave in this manner. Further, in the case of *acetone*, the red colour is intensified and turned purple on the addition of *acetic acid*. This

distinguishes it from the somewhat similar reaction given by *creatinin* (a transient red with *nitro-prusside* and *caustic soda*), which is at once destroyed by *acetic acid*.

Diaceturia is probably *always* pathological. In diabetes its occurrence is serious, and may be looked upon as a very probable prelude to coma, which usually terminates quickly in death. Von Jaksch proposes to substitute the term *diacetic coma* for "*diabetic coma*"; but it is now recognised that the case of "*diabetic coma*," as well as the source of both *aceto-acetic acid* and *acetone*, is *B-oxy-butyric acid*."

The presence of ethyl-diacetic acid in urine surely produces dangerous symptoms. We have met with cases where sudden coma ensued, though analysis could not detect sugar in urine. Analysis of urine by competent chemists disclosed only a trace of albumen. Are we to infer that the trace of albumen is the result of the suppression of sugar? It should be said that the analysis of urine on any occasion of the three cases could not detect even a trace of sugar or albumen to any appreciable quantity. The sudden coma remains inexplicable unless we assume that slight trace of albumen is an after effect of some morbid product, or it may be the sudden development of the diacetic acid.

Vaccination the Cause of Tuberculosis.

The *Homœopathic Envoy* of August has the following:

"Baltimore, Md., July 3.—"Vaccination is primarily responsible for the alarming increase in the number of cases of tuberculosis," was the startling statement made to-day by James R. Brewer, secretary of the State Board of Charities, who says he has been making a personal investigation into the subject.

Mr. Brewer claims that tuberculosis is conveyed into the human system by means of vaccine virus taken from cattle. He says he expects to see the time when, instead of imposing a penalty upon people for refusing to submit to vaccination, there will be a law prohibiting the practice of vaccinating.

How it is possible to determine whether the animal is free from disease and the blood is pure until it has been killed and a careful analysis made, and even though the impurities may be ever so slight, the minutest quantity injected into the blood of a person unable to throw off the poison does incalculable damage. Better take chances of smallpox than to disseminate tuberculosis by inoculation.

'I have known a family of healthy children who were compelled to submit to vaccination before being admitted to school, who subsequently became affected. It was easy enough to trace the cause.'

'I predict that it will not be very long before this barbarous practice is prohibited by law.'

This statement of a man who has carefully studied the question aroused a "storm of indignation" from those who have not studied it, but accepted the old rite on tradition."

It may not be said that vaccination can not bring other diseases with it. We have seen a few cases where death ensued from a kind of eruption, with high fever.

Suppuration.

By E. FORNIES.

The *Homœopathic Recorder* of August has the following note which does not require any comment :

"By suppuration we do not mean a localized or diffuse collection of pus, but rather its formation and discharge. Suppuration is one of the terminations of inflammation ; and it is acute or chronic, internal or external, benign or malignant. The suppurative process may be attended by pain or be painless, by more or less constitutional disturbance, and by emaciation and hectic fever. It may end in, or develop, induration, fistulization, fungosities, gangrene or phagedana. The pus is scanty or profuse, laudable or curdy, ichorous or sanious, and proceeds from furuncles, wounds, ulcers, and outlet of the body (bronchi, intestine, ears, etc.). It is frequently the result of previously inflamed glands (parotids, mammae, groins, testicles, etc.). The chief organism, principally found in the pus of furuncles, is the *Staphylococcus pyogens aureus*.

When prescribing for this degenerative process, take always into account, the soil of development, whether syphilitic, scrofulous, tuberculous, etc. Wandering and ossifluent suppuration demands especial care. Mechanical means may be required when a bone or joint is suppurating. Certain localizations may demand the knife, the aspirating needle, or a fine trocar, etc. Curetting, irrigating, drainage, or packing of the cavity must be done under strict antiseptic precautions. Gatchell is the only authority of our school, I know, who recommends the washing out of the cavity with a saline solution, with which our opponents are at present claiming such wonderful results, especially in scrofulous or tuberculous suppurations. (See adenitis, parotitis, mastitis, buboes, otitis.)

The remedies recommended in the treatment of suppuration are with few exceptions still those given by Bœnnighausen and Jahr many years ago, showing how immutable is our law of Cure: For laudable pus, which is whitish or yellowish, inodorous, and secreted by healthy granulating surfaces, the chief remedies are *Puls.*, *Hepar.*, *Merc.*, *Calc. c.*, *Silica.*, and *Sulph.*; thick, yellow bland, *Puls.* For ichorous, thin, acrid pus, *Arsen.*, *Asafet.*, *Silica.*, *Merc.*, *Carbo. veg.*, *Phosph.*, *Psorin.*, *Coni.*, *Phytol.* (*Nat. mur.*). For sanious pus, bloody, often ichorous and fetid, *Asafet.*, *Hepar.*, *Merc.*, *Coni.*, *Arsen.*, *Carbo. veg.*, *Nit. acid.*, *Phosph.*, *Silica.*, *Puls.*, *Staphy.*, *Tellur.* For serous, watery pus, *Merc.*, *Staph.*, *Caust.*, *Asafet.*, *Arsen.*, *Silica.*, *Sulph.* For gelatinous pus, *Silica.*, *Merc.*, *Cham.*, *Argent.*, *Sepia.* For viscid pus, *Coni.*, *Asfet.*, *Merc.*, *Phosph.*, *Sepia.*, *Bovis* and *Viola.*

For malignant pus, *Asafet.*, *Silica.*, *Merc.*, *Phosph.*, *China.*, *Arsen.*, *Kreosot.*, *Sulph.*; fetid, cadaverous, *Graph.*; greenish, malignant, *Kreosot.*; fetid ichorous, *Phytol.*; out of spongy edges, *Silica.*, with fungous growth, *Thuja*; with sloughing, *Crotalus*; with livid aureola, *Laches.*, *Carbo veg.*, *Asafet.*; with blackish base *Coni.*; with scurvy, *Carbo. veg.*; of greenish color and offensive character, *Asafet.*; with much burning, *Arsenic.*, *Sulphur* stringing, *Apis Silica.*; curdy, mixed with cheesy flakes, *Bellad.*, *Hepar*; with hectic fever, *Phosph.*, *China*, *Arsenic.*

Profuse, *Puls.*, *Merc.*, *Asafet.*, *Phosph.*, *Hepar.*, *Sulphur.*; bland *Puls.*; acrid *Merc.*; with putrid smell, *China*; in bone trouble, *Fluor. acid.*; after compound fractures, *Arnica*; with fistulus opening, *Phosph.*, *Phytol.*

Scanty, *Calc. c.*, *Hepar.*, *Merc.*, *Laches.*, *Silica.*, *Arsenic.*, *Bellad.*, *Crotal.*; long lasting, *Silica.*, *Laches.*; tardy and dark in colour, *Crotal.*"

Flies as Carriers of Disease.

The *Lancet* of September 14, has the interesting note on flies as carriers of disease:

"One of the most striking of the discoveries made by pathologists in recent years has been that of the important part played by insects of various kinds in the conveyance of disease to mankind and to the lower animals. An entirely new field of research has thus been opened up and the revelation of a novel source of danger has suggested the adoption of prophylactic measures which would have seemed ridiculous only a generation ago. The first inkling of this

source of infection was the hypothesis put forward by Sir PATRICK MANSON as to the origin of malarial infection in the bite of the mosquito, a suggestion brilliantly converted into certainty by the work of Ross among our own countrymen and of the Italian observers GRASSI and BIGNAMI. It was not long before facts were brought forward tending to attribute to the insect world the responsibility for other serious diseases. In the case of yellow fever, although the causal agent has not yet been identified, it is pretty definitely established that another species of mosquito conveys the infection, an interesting point of contrast with malaria lying in the probability that the insect is here the definitive and man only the intermediate host of the parasite. Another disease produced by the bite of a blood-sucking insect is the deadly African lethargy or sleeping sickness caused by a trypanosome conveyed by the fly *glossina palpalis*. Nor is it only winged insects which carry infection, for the fleas which infest rats generally believed to convey infection to human beings in epidemic outbreaks of plague. In this country we are fortunately not exposed to any serious dangers from the bites of disease-bearing insects, though from time to time cases of dangerous and even fatal cellulitis are reported due to the bite of a horse-fly infected with some virulent germ. But it is not only by direct inoculation that infection may be spread: food may be contaminated with pathogenic bacteria carried by insect scavengers and its consumption may give rise to fatal mischief. The very interesting paper by Dr. R. M. BUCHANAN which recently appeared in our columns emphasises the reality of the danger to which we may be exposed by the agency of the common varieties of house-fly. Dr. BUCHANAN first points out how well adapted is the foot of the fly for carrying on it particles of any adhesive material over which the insect has crawled. Particles loaded with bacteria will readily adhere to its bristles and pads, to be smeared over the next object on which the fly settles. Food of almost all kinds attracts flies, which crawl over it if it is solid and too often fall into it when it is liquid, so that infection readily occurs. In Dr. BUCHANAN's experiments flies were made to crawl over Petri dishes containing some nutrient medium and the resulting colonies of bacteria were counted and studied. It is satisfactory to find that flies caught in an enteric ward of a fever hospital did not give rise to any colonies of typhoid bacilli when thus treated. Even when they were caused to crawl over actual faecal matter the number of typhoid colonies which developed was very small as compared with the saprophytic organisms present. Still some colonies

were observed to form. Staphylococci and tubercle bacilli were also capable of conveyance by the same means. Much more striking results were, however, obtained with the organisms of some epizootic diseases. Flies which had crawled over the carcass of a pig dead from swine fever readily conveyed a large number of the causal organisms to artificial media, and even more marked infection occurred from insects which had been brought into contact with a guinea-pig dead from anthrax. The bacilli of glanders were also carried on the feet of flies. Nor is Dr. BUCHANAN the only authority who has called attention to flies as a means of conveying disease. A notable communication by Dr. H. H. TOOTH, based on his experiences during the South Africa war, drew a striking picture of the probable responsibility of the swarms of flies for the spread of the epidemic of enteric fever among the British troops in the field, and a similar view was maintained by Dr. A. B. DUNNE who noted that the incidence and remission of typhoid infection corresponded very closely with the appearance of flies in the hot season and their disappearance as cold weather followed. It would seem, therefore, that it is not only in the laboratory but also under natural conditions that flies may act as carriers of disease.

The question, then, as to the actual amount of danger attributable in this country to such a source of infection is worthy of careful study. Fortunately in temperate climates flies do not abound to the same extent as in tropical and subtropical conditions. There they are capable of rendering life almost intolerable by their very multitude; those who have suffered from them will appreciate the horrors of the Egyptian Plague and sympathise with those ancient races who identified the chief power for evil with the Beelzebub, "Lord of the Flies." The proverb that "Dead flies cause the ointment of the apothecary to send forth a stinking savour" also bears witness to the antiquity of the evil and to the antagonism between the insects and the medical profession. In this country they are regarded merely as a minor nuisance, an enemy from whom men are to be guarded rather through fear of resulting maggots than from any danger of more subtle contamination. It might even be suggested that they were useful as scavengers, clearing up all sorts of refuse, but this credit can scarcely be given to them, as they tend to wander rapidly from one source of food to another rather than to stay and to finish up any one delicacy; while it is probable that infective microbes would pass through the alimentary canal of the fly alive and would be deposited in undiminished virulence in some fresh spot together with their excreta. Regarding flies, then, as potential carriers of infection, two factors have to be taken into consideration, the existence of foci of contamination to which they have access and the possibility of their transferring the contagion to mankind or the lower animals. The principal human diseases prevalent in this country which flies have been accused of spreading are enteric fever and epidemic summer diarrhoea. In both of these the infective agent probably generally leaves the body of the patient in the stools and conveyance of infection to others by flies implies that these

insects have access to faecal matter. In ordinary circumstances this seems hardly likely to occur where there is a well-organised system of water drainage, though perhaps filter-beds at sewage farms may offer opportunities for such infection. It is otherwise in such places as still employ dry systems of sewage disposal, and attention was forcibly directed a few years ago to the resulting danger by Mr. A. W. MARTIN, medical officer of health of Gorton, where the "privy-midden" system was in operation. In his opinion flies were largely responsible for the prevalence of the diseases just mentioned. In the case of epizootic diseases there would seem to be greater danger, since flies may settle on the dead bodies of animals which have succumbed to such affections as swine fever, anthrax, and glanders and may readily convey infection to the feeding troughs of others. Probably so long as the carcass remains entire the risk of the insects becoming contaminated with bacteria is small, but it is important that infective material should be destroyed by fire or, at all events deeply buried as soon as an inspection of the carcass has been carried out. To insure due care in such cases it is desirable that the reality of the danger arising from this mode of conveyance should be generally recognised. Dr. BUCHANAN has done good work in proving experimentally what had previously been largely a matter of surmise. From the domestic point of view also the problem of preserving food of all kinds from the attentions of flies becomes one of greater urgency. Hitherto it has seemed but a small matter. But if *de minimis non curat lex*, science has proved that it is by attention to what appear to be small things that the greatest results may be achieved, and in this case a little forethought may be achieved, and in this case a little forethought may avert serious danger."

The assertion that flies as carriers of disease communicates the poison to others, has been verified in many instances. The problem of our averting the danger rests with strict care in following cleanliness. We cannot destroy the flies altogether, for that would be a futile attempt. Serum-therapy can not save us from the innumerable attacks of diseases. The plain issue is that we are bound to follow cleanliness. The rules of hygiene are based on that fact. In the tropical climate there are other sources of communicating diseases. The last resort is carefulness associated with cleanliness and not the destruction of fleas and flies.

Action of the Salts of Barium on Arterio-Sclerosis.

The *British Homœopathic Review* of August says :

"Dr. Francois Cartier, in an article on the action of the salts of barium on arterio-sclerosis, draws attention to its use in cerebral affections due to this condition. He recommends it for headaches more or less severe, but without acute crisis, occurring in old people, and where the symptoms are often heaviness of the head rather than pain. Also for vertigo due to cerebral anaemia caused by sclerosed arteries, and for noises in the ears in similar conditions.

He does not think *baryta* suitable as an immediate remedy for apoplexy, but regards it as most useful for its remoter consequences, such as paralysis following apoplexy, headache and childishness, and difficulties in speech—the result of old hemiplegias.

He confirms the observation of others as to its power to influence favourably aortic sclerosis and aneurism, and recommends in these cases its use in the 3rd, 6th, or 30th alternation in alternate weeks with *iodide of sodium* in allopathic doses.

Finally, he commends its employment in arterio-sclerosis of the lung, that is to say in senile asthma, a complaint in which, judging from his own experience, he would say *baryta* developed its greatest energy. He relates the following case: "My patient is aged seventy-seven and presents all the signs of arterial degeneration; arteries like pipes and in zigzags wherever one can touch them. He had suffered since he was seventy from an asthma which he could not get rid of. After examining his arteries I gave him *baryta carb.* 6 and 30. I saw him no more till the end of eighteen months. He was then completely transformed, easily mounting stairs, and having passed a winter which had seemed to him like paradise on earth. Much struck, I asked him what he had done, and he replied that he had without interruption taken *baryta carbonica* during the eighteen months. I did not think I had made a prescription available for so long a time. I examined him again and found that his arteries still felt like pipes, and that notwithstanding his praise of the *baryta* this remedy had not rejuvenated them; but his lung breathed! Evidently *baryta* modifies arterial tension and relieves the person suffering from arterio-sclerosis rather than the arterio-sclerosis itself."

Baryta is as much as an old age remedy as *Calcarea* is for it. Each has its respective sphere of action. To prevent arterial degeneration *Baryta* as well as *Calcarea* is necessary. The prevalent opinion rather exaggerates the use of *Baryta* for old age. The nature of degeneration points to the remedy. In an old man of about 85, who had apoplexy before, now having degeneration of the brain tissue, the present condition is delirium now and then, associated with violence. *Baryta* could not serve the useful purpose. *Belladonna* gives him relief.

As to prevent arterial changes *Calcarea* at distant intervals seems to give him immunity for a long time from delirium.

CLINICAL RECORD.

Foreign.

FACIAL NEURALGIA—THUJA, CHINA.

This affection, whose pains are often variable cannot be treated by any one method. Here, as always, in order to really cure, the practitioner must search for the indicated remedy, the most similar, in order to succeed. Nevertheless, the majority of facial neuralgias present many symptoms in common, such as a regular aggravation at a certain hour, aggravation from the least touch, alternations of redness and pallor of the face, and often a disagreeable sensation of internal cold; enough to justify a prescription from which we daily obtain prompt amelioration, and often a complete cure of the affection. This simple method consists in the use of thuja and china in alternation. The two drugs are so well adapted to the average facial neuralgia that 1st, 6th, or 12th. The effect is equally good if they are mixed in the same potion. Practice has shown, however, that greater success is obtained from a low or medium dilution, thus: two bottles of 200 grammes of distilled water, slightly alcoholized, to which are added gtt. 15 of the 3d dilution of thuja; 15 of the 3d of china, a teaspoonful in alternation every hour, or if pain be violent, every half-hour. It is rarely that the two bottles are finished without a marked amelioration, and often the patients return in one or two days announcing complete cure. During this medication coffee and vinegar should be avoided, the latter antidoting china, and both antidoting thuja. This procedure seems to merit mention for two reasons; its surety and its rapidity in most facial neuralgias, and since its prescription by Dr. Emery has become a routine measure in the Lyons homœopathic school and particularly so in the clinic of the hospital of Saint-Luc, where its successes have been innumerable. After curing facial neuralgia by this method, exact constitutional prescription should be made to prevent its return. Thuja or china alone may be continued for some time, according to the case, unless symptoms call for pulsatilla, ignatia, silica, arsenio or other remedies whose action, in general, will be more satisfactory because the way will have been paved by the therapy just mentioned.—*North American Journal of Homœopathy*, August, 1907.

LONDON HOMCEOPATHIC HOSPITAL.

BELLADONNA IN DELIRIUM TREMENS.

Reported by Ed. Cronin-Lowe, M.B., Lond.

(Under Dr. Speirs Alexander, Dunning Ward).

A woman, aged 45, admitted for cataract extraction. At the time of the operation she was rather nervous, but it was not until the following day that it was noticed that she was somewhat excited. Thinking it to be her temperament, she was assured of her satisfactory progress, and her real condition overlooked, for not until the delirium had begun was it found out that she had been for some time past in the habit of drinking a good deal of alcohol, and since her admission no stimulants had been given. In the early hours of next morning her condition suddenly became acute, it took three nurses to keep her in bed, she screamed and fought, violently tore her dressings from her face, and rubbed her fist in the lately operated eye.

Her language was violent and obscene. *Chloroform* was administered with difficulty, and she was removed to the private ward; on coming round *starm.* 3 was given frequently, but without avail. Her condition again became so violent and unmanageable, that a drachm of *chloral hydrate* was given *per rectum*, this keeping her quiet for about four hours, but she then became as bad as before, and not being able to induce her to swallow any medicine (which she persisted in regarding as poison), *chloroform* and *chloral* were again resorted to.

During the quiescent period thus produced, Dr. Alexander saw the patient, and advised *belladonna*. When next she became restless and noisy *belladonna* 3 was given and continued half hourly. The effect was most marked. She quickly became calmer and docile, and in about four hours from the first dose had fallen into a natural sleep, from which next morning she awoke very repentant and ashamed, remembering to a certain extent something of what had occurred.

The *belladonna* was continued throughout the day at four-hourly intervals, but no signs of further delirium or even restlessness returned. She was allowed during this day *zj.* of brandy every four hours.

The following day she returned to the general ward, and during the rest of her fortnight in hospital could not be sufficiently repentant and quiet.

The eye wonderfully escaped and made an excellent recovery, in spite of its very rough handling within forty-eight hours of the operation.

(ACUTE DILATATION OF THE HEART WITH VOMITING.

(Under Dr. Epps, Hahnemann Ward.)

W. C., aged 30, an artillery man, who after going through the siege of Ladysmith contracted enteric, and after a long illness was invalided home, and discharged. Since then he had led a fairly active life and enjoyed good health and an excellent physique.

During the summer of 1906, while working as a clerk, and when quite out of training, he undertook to roll a playground with a four-hundredweight roller. He felt pain in the left side at the time, and found the work exhausting, but finished the job. However, that night he vomited and ever since then on walking, or the slightest exertion, vomiting came on. When lying in bed quietly he could eat a good ordinary diet without discomfort, but on rising he immediately felt nausea, and after walking 50 yards or less, vomited the contents of his stomach and felt temporary relief.

This condition of things went on for six months, he gradually getting worse, being treated for gastritis and dilated stomach both allopathically and homœopathically.

On admission his most striking symptoms were the following. Sharp pain, commencing in the left shoulder and running down the left side and arm, also across to the sternum, these pains being < exertion.

Also vomiting whenever standing up for a few minutes, walking, or any slight exertion > lying down.

Always felt > after vomiting.

On Examination.—Nothing abnormal could be made out in the stomach or abdomen; lungs and limbs were sound. The heart, however, was not. Left-sided dilatation was evident, the left border by percussion was found half an inch outside the nipple line, the apex beat was soft and indistinct, and the sounds were feeble though otherwise normal. He was then made to quickly raise his body about eight times from the lying to the sitting posture, and after this amount of exertion the left border of the heart was found 1½ inches outside nipple line.

Then he was made to stand and walk some twelve to twenty paces—this caused the old pain in shoulder and nausea, but he did not actually vomit; his heart, however, had further dilated, its left border now being 2 inches outside nipple line. After resting, it considerably returned. The right side limitations did not alter.

These manœuvres gave the clue to treatment, and the patient was forthwith kept strictly in bed, and commenced a very carefully graduated course of exercises. He was also given a full diet, and *aurum met. 2, t. d. s.* Gradual progress ensued during a fortnight, the left heart limits then corresponding with the nipple line.

Then on account of injudicious increase of exercises, a relapse of several days occurred during which the pain in shoulder and nausea returned, no vomiting however.

Exercises were for a few days discontinued, and then again more carefully recommenced. Nauheim baths were later added, and *strophanthus mii. t. d. s.* given.

From this time, six weeks ago, until now he has steadily improved, and now he is up and about about the ward for eight hours at a time helping the nurses by moving light furniture, &c., and has had no return of pain, nausea or vomiting. The heart's apex beat is now a good inch inside the nipple line and is strong and well defined, giving the typical impulse of a hypertrophied ventricle. The left border is half an inch inside nipple line.

This history emphasises several points. The patient was a strong man out of training, and therefore likely to strain his heart more than a less athletic man would have done. Each time he was allowed up after a few days in bed (during which time his troubles apparently ceased) he again acutely dilated the feeble heart repair those few days' rest had produced.

The whole interest of the case centres around the connection between the dilatation of the left ventricle of the heart and the vomiting after exertion. The explanation has been given by Head's work on nerve physiology, and in an excellent paper bearing on the subject by Dr. Bedard in the *Guy's Hospital Gazette*. There it is shown that the nerves supplying the posterior wall of the stomach arise from the same spinal segments as do those that supply the left ventricle of the heart; so that in acute dilatation of the left ventricle a hyperæsthetic condition of the stomach mucous membrane is produced, much the same as the corresponding skin hyperæsthesia of Head's cutaneous areas. Under such hyperæsthetic conditions food,

otherwise normal to the stomach mucous membrane, acts as an irritant and is at once ejected, giving thereby temporary relief.

That this is the explanation of the case cited is proved by the complete and satisfactory recovery made under the appropriate treatment. By means of cardiac "tonics," prolonged rest in bed, and gradually increasing exercises, the dilated ventricle with its soft indefinite impulse, has in two months been converted into a strong hypertrophied organ, giving a sharp decided impulse, and the sounds at the apex, from being soft and feeble, are now clear and sharp.

The ventricle is now able to compensate for the alterations in pressure due to exertion and position, and since its delicate nerve endings are no longer being irritated by sudden dilatation, the gastric nerves are also unaffected, and so by those simple means of allowing the heart's muscle to recuperate, the normal cardio-gastric mechanism has been re-established.

The importance of accurate percussion of cardiac limitations is again impressed upon us, for no doubt the cause of the vomiting would not so long have been missed, had the heart been carefully mapped out at an earlier date.—*The British Homœopathic Review*, August, 1907.

CAUSTICUM IN LARYNGITIS.

THOMAS L. SHEARER, M. D., Baltimore, Md.

The patient was a lady, æt 45 years; she had dark hair, was stout and of a highly-strong nervous organization. She had from time to time suffered from attacks of laryngitis, with more or less bronchitis, and always placed herself under old school treatment. The attacks lasted usually, in spite of local and general treatment for six weeks to two months. During one of these she applied to me for examination and treatment. The symptoms that she mostly clearly outlined were: A hard, dry cough, with rawness in the larynx and aphonia; the cough was worse in the early morning, and was greatly aggravated by her coming from the atmosphere of the street into the warmer temperature of the room. The cough was so severe that she was exhausted (at times) almost to the point of collapse, and frequently the coughing was accompanied by entire loss of control over her bladder and the annoying (involuntary) escape of urine. At night she was unable to get into

an easy position, and complained of a feeling of faintness. For this group of symptoms I prescribed *Causticum* 6x dilution, and she obtained entire relief in a few days. While *Pulsatilla* has this loss of control of the urinary bladder with cough, it seemed to me that *Causticum* was decidedly indicated in this particular case. The result certainly justified the choice.—*Homoeopathic Envoy*, August, 1907.

SHORT CLINICAL NOTES.

By DR. COMPSTON, Crawshawbooth (Lancs.).

Lachesis.—This medicine is of great value in the debility some patients feel in spring. I have several patients who are troubled with debility, usually associated with want of appetite and emaciation—such symptoms as would suggest tuberculosis or other wasting disease—in the spring time. I have found *Lachesis* 30, of great value in this condition. I might add that the most marked cases have been females, and have belonged to families in which there was a history of tuberculosis.

Sulphur.—I will give two cases showing the use of this invaluable medicine. Girl, aged 17, thin, bilious temperament. Suffered from nocturnal enuresis when about 8 years old. Family and personal history good. For several months has had almost nightly enuresis during sleep. During the day there was a sense of tenesmus in bladder region at the end of micturition. Mouth very parched on waking in morning. One dose *Sulph.* 30 given, and for three weeks after this she only wet the bed three times. Another dose completed the cure. Gentleman, aged 39. Lympho-sanguine. Rheumatic and gouty family history. Healthy life and good habits. Eighteen months ago he developed an itching eczema of lobes and ear passages, with steadily increasing deafness. These symptoms were aggravated by bathing in salt water or if run down. His voice sounded a long way off to himself. Politzerising did not improve him. He had been to one or two ear specialists without benefit. A single dose *Sulph.* 30 improved him so much that it was three months before he wrote to tell me he was much better, the condition having gradually improved.

Aesculus.—Married lady, aged 35. Three children. Lympho-bilious. Very bad family history of rheumatism and phthisis. For years has had trouble in lower part of back; this has been much worse since child-bearing period, she having had pelvic abscess, etc.

She has been to several doctors for her back. It was in *left sacro-sciatic region*, aggravated on first rising in morning, having a stiff, bruised feeling; also much aggravated by prolonged exertion, especially the day after the exertion. It was also aggravated three days before and during menstruation, which is regular, but excessive, lasting seven days. No complaint of piles. Dose, *Æsc.* For a few days was decidedly worse, since then her back has not been so well for years, and she does not feel in the morning. The patient is still under treatment for some uterine condition, which did not yield to a second dose of *Æsc.*, but has greatly improved since dose of *Sep.*, c.m., followed by *Æsc.* I may say there were several weeks between each dose of medicine.—*Homœopathic Envoy*, August, 1907.

CASES RELIEVED BY NATRUM MURIATICUM.

BY GRACE STEVENS, M. D., NORTHAMPTON, MASS.

Case I. Miss E. D. H. Age 40. Has been subject to severe attacks of acute coryza all her life. Has never had homœopathic treatment before, but all old school treatment has failed to relieve. Spraying with "Glyco-Thymoline" gives slight temporary relief.

Coryza always worse on the left side. Usually begins with a slight sore throat followed by a feeling of great rawness in the nasal passages, and most intense pressure over left zigoma, in left temple and left half of forehead. Feels as if the blood would burst through the skin. Pressure is less while eating or drinking hot things.

Nose obstructed. Discharge thick and yellow. Sense of taste and smell diminished.

Patient eats much salt.

Natrum muriaticum 200 relieved in less than six hours and the coryza disappeared entirely in a few days.

Case II. Mrs. H., age 65. Heart functionally weak but no organic lesion to be discovered. Much gas in stomach and intestines which causes striking pains around the heart.

Heart feels too large and "thumps" when the patient moves about. Patient cannot lie on the left side because the heart flutters so. *Natrum muriaticum* 45m relieved the heart symptoms in about two hours.

Case III. Mrs. C. Has a slight murmur of the heart; heard loudest over the right second costal cartilage.

Heart feels too large—seems to come up in her throat.

Has been having a severe cough and coryza which has been only partially relieved by causticum.

Head full and congested.

Cough with involuntary urination. Natrum muriaticum relieved the discomfort of the heart in less than 24 hours and improved the other symptoms.

Case IV. Miss D. consulted me, October 17, 1906, on account of acne.

Large pustules on face, chest and back.

Eruption always worse before and during menses.

Hair and skin of face very oily.

Other symptoms as follows :

Mind : Feels blue before menses. Worries a great deal. Cries easily, < before menses.

Head : Bilious headache on changing diet.

Digestion usually good. Tongue coated ; mouth tastes badly.

Bowels and menses regular.

Flow dark, profuse, long lasting.

Leucorrhea before and after menses : thin, brownish.

Back : Heavy pain between scapulæ, < before menses.

Perspiration slight on hands and feet.

Bathing ; likes the cold sponge bath and feels > for it.

Directed the patient to wash the face with hot water and green soap and gave Natrum muriaticum, two doses.

Improvement began promptly and continued. The remedy was repeated, at first in the same, and later in a higher potency, but by January 1st her face was almost entirely well, the menstrual periods were much more comfortable and the leucorrhea and backache were no longer troublesome. When the patient left town in February she was still improving although she had a slight leucorrhea.—*Medical Advance*, August, 1907.

QUARTZ IN FISTULA.

(COMMON QUARTZ OF AUSTRALIA.)

By Erskine C. White.

A young brunette, 20, of lively disposition, subject to fistulæ, was cured of one on the right index finger by Quartz, after *Merc.*, *Ars.*, *Silicea*, *Fluoric ac.*, &c., had failed.

In the fourth week her friends caused desquamation by the use of bluestone.

From having a cadaverous appearance at first, a full glow of health set in from the second week of treatment, but the fistula refused to be vanquished, the ulcer resembling, during fifth^s week, a small marble-shaped protuberance, of a substance resembling kidney.

oEgg-skin had been previously used as a plaster in vain. It was during the fifth week that *Quartz 2* was taken alone, proving itself a striking similimum. In a week the ulcer healed perfectly, and no fistulæ have returned for two years.

The contracting power of the skin of new-laid egg was so great as to cause agony unless too minute to cover the ulcer.—The *Homœopathic World*, September, 1907.

KEYNOTES.

BY ERSKINE C. WHITE.

Arnica Montana.

I find *Arnica* a veritable balm of Gilead in the straining of tenesmus in diarrhœa, which at once yields to it.

This drug caused such agonising pains in an old fracture in a rib that the sufferer would never again touch the medicine.

Veratrum Viride.

When the tongue fails to indicate *Veratrum viride*, beating of pulses throughout body is an infallible sign, especially when in the right thigh; throbbing visible, when sitting, three or four inches above knee. These symptoms were originally produced by tobacco-smoking, and remedied by *Verat. v.* It is invaluable in valvular disease of the heart. *

Lobelia Purpurascens.

Magnificent in the intense prostration, almost collapse, of on-coming influenza.

Dipodium Punctatum.

Writhing, with or without agony, is a keynote of this drug. When under the influence of this drug I writhed and twisted (painlessly) like a dying snake.

Intractable insomnia is another keynote.—The *Homœopathic World*, September, 1907.

Gleanings from Contemporary Literature.

URINARY DEPOSITS IN GOUT.

By W. THEOPHILUS ORD, M. R. C. S. ENG., L. R. C. P. LOND.

*Physician to the Hahnemann Convalescent Home and Dispensaries,
Bournemouth; Fellow of the British Homœopathic Society,*

THE importance of noting the condition of the urine in gouty conditions is well known, and indeed cannot be overlooked by any practitioner who desires to treat gouty patients successfully. *In looking through some recent text-books on medicine, I have been astonished at the paucity of information given on the subject of the urine in gout. Most authorities content themselves by stating that the urine during attacks of gout resembles febrile urine; a few say that urates cloud the water passed before and during gout, and one or two state that uric acid is eliminated in increased quantity during such an illness. Most of us have learnt a good deal more than this, probably not from books, but from practical observations on patients. To state briefly what I have myself observed in the light of modern clinical investigations is the object of this paper.

The urinary deposits most often met with in gouty states are four in number, namely: Urates, uric acid, phosphates, and oxalates. I propose to consider, first, the causes of their appearance in the urine; secondly, their clinical significance; and thirdly, their value as a guide in diet, and in the choice of suitable homœopathic remedies.

Uratie Deposits in Gouty Urine.

The deposit of urates so frequently seen in gouty and rheumatic patients is not necessarily a sign of these disorders; it commonly occurs in healthy persons. Increased physical exertion, an attack of indigestion, or a change to cold weather, with diminution of fluids taken, will cause urates to deposit out of urine. When metabolism is for any reason increased, a larger output of urea ensues; and unless more fluid has been drunk to keep it in solution, a cloud of urates will appear in the urine on cooling. These soluble urates consist chiefly of those of sodium and potassium, with a small proportion of urates of calcium and magnesium. According to modern theories, it is believed that urates are produced by decomposition of nuclein in the liver, and perhaps in the spleen. The uric acid combines with salts of sodium and other bases derived from the food to form urates; any left over remaining free in the circulation, and causing, when in excess, gouty symptoms. Nuclein is formed in the spleen, as the results of proteid digestion are brought to it from the alimentary canal. Thus urea and urates are the degradation products of proteid digestion; strange to say, in birds and reptiles the process is arrested a stage earlier, the uric acid being excreted as urine, without combining to form urates of sodium and other bases.

When, therefore, metabolism is increased, as by great exertion, or in fevers, or through an excessive nitrogenous diet, a greater excess of urates and uric acid has to be excreted by the kidneys, more, in fact, than can be held in solution by the urine when cold. It therefore shows as an amorphous cloud of urates, or it may appear in some cases as gravel and sand, and in others as uric acid crystals. Further, the cloudy urates may differ greatly in appearance, varying in colour from deep red to pale brown or pea-soup colour; whilst the sediment may be crystalline or amorphous. Beyond telling us that the colour is due to the presence of certain colouring matters, to which imposing names have been given, modern clinical research reveals nothing as to the causes and significances of the great variety observed in the appearances of these urates. Why should some persons show excess of urates having the appearance of pea-soup in the urine, and others as if of blood? Why do some pass uric acid crystals and others gravel? Thanks to the law of similars, homœopaths take advantage of these facts in selecting their remedies; but I am convinced that our knowledge of gouty conditions can never be pathologically accurate until these urinary deposits are better understood. Two suggestive facts may usually be observed in such cases: Firstly, that each gouty patient passing urates in excess has his particular variety of kind, colour, &c., which is seldom deviated from. For example, a patient whose gouty attacks are preceded or accompanied by deposits of gravel or brick-red urates will never pass pea-soup colored urates. One who passes oxalates in gout will seldom pass uric acid crystals, and so on. Secondly, that under successful treatment these deposits first increase in amount and then tend to disappear with more or less permanency.

The relation of urate deposits to diet is similar to their relation to gout. What is bad for gout tends to increase the urates. But, clinically, their presence is of value in diet, for any food which is found to increase excretion of urates should be stopped at once, without waiting until it has brought on arthritic or other trouble. We all know that excess of proteids, in the form of butcher's meat, and specially beef, will increase the urates, so also will any food that is digested with difficulty, or which produces intestinal fermentation and flatulence. It is here that the great value of our well-proved remedy *Lycopodium* comes in. When with red urates in the water, abdominal flatulence is present, and indigestion—especially fulness coming on during a meal—we have a picture matched by, and always relieved by *Lycopodium*. I may give here other remedies credited with producing red sandy sediments, namely, *cactus*, *phosphorus*, *sepia*, and *silica*. Brickdust-like sediment occurs under *china*, *natrum mur.*, *phosphorus*, *pulsatilla*, and *berberis*. A remedy of great value in gouty symptoms of all kinds, and but little used, is *solidago virgaurea*, the golden rod of old-fashioned gardens. Its great characteristic is urine loaded with urates of a pea-soup colour. In cases of chronic gout having this symptom, I have found it of greater

service than any other single remedy. This recommendation is from the late Dr. Compton Burnett. *Solidago* is an old herbal kidney medicine.

Uric Acid Crystals and Deposits.

The typical form of this deposit is, of course, the passage of the well-known cayenne pepper crystals of uric acid, so common in chronic gout. This may be the only deposit, or may be mingled with amorphous urates. There is another form assumed by uric acid—that of golden crystalline points, often collecting at the bottom of the urine glass. Their colours are due to the urinary pigments, natural uric acid crystals being colourless. Uric acid is deposited from any concentrated urine after standing long enough for ammoniacal fermentation to take place, as it is insoluble in *alkaline media*, it is then a normal constituent of urine, but probably only appears immediately when in pathological excess. The passage of crystals with the urine occurs commonly under three conditions: (1) In children, when it is said to be of little clinical importance; (2) in later life as a sign of calculus; and (3) in gout. In childhood it is certainly seen more often in children of gouty parents, and in those who afterwards exhibit gouty conditions or form calculi. It is well to remember that the appearance of uric acid in the urine depends upon its acidity, as it is soluble only in *acid media*; when acidity is low, whether in the tissues, blood, or urine, uric acid tends to be deposited.

The relation of uric acid to gout is far too great and difficult a subject for present consideration, but I may in a few words endeavour to give some modern ideas on this relationship. *Firstly*, as to the liver. In this organ uric acid is oxidised into urea, and thus is prevented from accumulating in the blood, from whatever source it may be derived. The formation of uric acid does not take place in the kidneys, as used to be supposed, they being only concerned in its excretion. Hence a small or inactive liver performing its work badly, fails to oxidise entirely the uric acid brought to it, and small quantities of uric acid are retained in the system. These are eliminated with difficulty, and may gradually accumulate, until gouty symptoms are produced. *Secondly*, it is now doubted by some authorities whether uric acid is the main factor in the production of general gout, although urates of soda form its well-known local manifestations. But a series of semipoisonous bodies known as alloxurs, or purins, of which uric acid is one, xanthin and hypoxanthin others, seem to be variously concerned in the production of protean forms of ill-health we attribute to gout and uric acid. *Thirdly*, an increasing number of observers now agree that many forms of ill-health (ranging from migraine and sick headaches in youth to actual gout, chalk stones, chronic rheumatism, calculi, eczema, degeneration of arteries, apoplexy, &c., in after-life, with many others too numerous to mention) are really due to the presence of various gouty matters in the system, of which uric acid is one, working in various constitutions in different

ways, by their varied chemical and vital affinities, and altering their effects as age advances.

The deposition of uric acid crystals in urine is, of course, only one form of these disorders, and appears to be due to low acidity or alkalinity failing to retain it in solution. Though usually significant of a plus formation of uric acid in the system it is not always so. Its occasional presence is doubtless significant in gouty persons of coming trouble. From the homœopathic standpoint its presence is of value, because so few drugs have been shown to be capable of producing uric acid crystals in the urine, apart from the usual cloud of urates of gravel. However, in persons who usually pass crystals, any drug affecting the excretion of uric acid will cause it to pass in this way ; only, however, in such persons. Others who get rid of gout without exhibiting uric acid in deposits may be equally benefited by the same remedy. We cannot, then, name any drug which will cause uric acid crystals to appear in the urine of every gouty person. The two drugs which in my experience come nearest to doing this are *urtica urens* and *lycopodium*. The former was brought into notice by the late Dr. Compton Burnett. I have found that in some cases discharges of uric acid crystals follow its use. Of its value in acute gout there can be no doubt ; symptoms disappear with great rapidity under its use. Besides these two remedies, there are a number of drugs useful in various gouty conditions, most of which are credited with causing muddy urine, or red sand or gravel, to pass. This might be expected when we remember that in patients accustomed to these symptoms, any circumstance or drug that disturbs metabolism will thicken the urine. Until modern methods of pathological research are applied to urinary deposits in drug provings, we cannot expect to progress in this department of homœopathy. I am glad to know that under the auspices of the British Homœopathic Association some such investigations are now being undertaken.

A brief reference to phosphates^{*} and oxalates is all that I can attempt in this short paper. The phosphatic deposit occurring in gout consists of triple phosphates, which may occur as crystals or an amorphous deposit. They dissolve on addition of acetic acid to the urine, which is either feebly acid or alkaline. These are not commonly recognised as indicative of gout. But I have known gouty patients who always passed urine clouded by phosphates after muscular exertion after a good dinner with acid wines. Often morning headache accompanies this, and there seems to me a connection between this symptom and gouty headaches or cerebral gout. The urine often appears to be covered by an iridescent fibre or pellicle, which disappears when the vessel is shaken. Persons having this symptom rarely pass uric acid crystals or deposits of urates.

Oxalates are frequently found as a cloud in gouty urine. Their peculiar hummocky appearance is recognised by us easily. Its occasional appearance is quite distinct from so called oxaluria, which is characterised by headache, emaciation, and great mental depression. The ingestion of food

containing oxalic acid will precipitate an attack of acute gout in some patients. A very gouty patient of mine, an old Indian general, induced a severe attack by once eating sorrel salad. Sorrel leaves are seldom eaten in this country, but gooseberries and rhubarb contain oxalic acid, and certainly are bad for such patients. An attack of indigestion, especially with intestinal flatulence, will often be followed by excess of oxalates in the urine. Haig believes that this is due to absorption of sulphuretted hydrogen from the bowel, which combines with excess of urates in the urine to form salts of oxalic acid.

There is one interesting point I may mention in conclusion. The occasional presence of hippuric acid may occur in the urine of gouty patients. This is not a deposit, but is known by the strong odour, resembling that of horse's urine. This can be produced in healthy persons by administering *benzoic acid*, which gives us the valuable clinical guide of strong-smelling urine as an indication for its use homœopathically. In almost all cases of gout when hippuric acid can be recognised by its odour in the urine, *benzoic acid* will do good. There is no remedy in gout that I prescribe with more satisfactory results when this indication is present.—*The British Homœopathic Review*, September, 1907.

INDIVIDUALISATION.

By D. DYCE BROWN, M.A., M.D.

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It is unnecessary in a homœopathic journal to enlarge on the essential and absolute importance of individualisation in the practice of medicine, considering each patient, not as one of a general class, but as an individual by himself alone, for whom we have to prescribe. We have to treat him, not by the name of the disease which we diagnose, but ascertain by careful examination, while diagnosing the complaint from which he is suffering, in what manner, and by what symptoms, he is differentiated from another individual who is the victim of a similar disease, and here comes in the advantage of such a careful examination; we in selecting the medicine, find one which covers all the symptoms present and at the same time we find details of previous history, hereditary or acquired, and so modify or accentuate our therapeutical selection. This is all taken as a matter of course by homœopaths, and it is one of the features of the old-school practice of the present day that the best and more careful prescribers have been the importance of Hahnemann's statement, that in order to treat successfully any patient the individual and not the name of the disease has to be recognised fully. We see nowadays with pleasure this tardy adoption by the old school of one of the essential features of homœopathic practice, and one of the illustrations of what, in the pages of the *Review* we have often noticed, namely the gradual

and steady adoption, one by one, by the old school of many of the essential *dicta* of practice enunciated by Hahnemann, although unacknowledged by them in name or in the source of such teaching.

But this particular form of individualisation we do not intend further to dwell upon in this paper. The point we wish to emphasise is the necessity of enquiring into and keeping in view, in the matter of treatment, the same principle of individualising each patient in all other ways than the prescribing an indicated medicine.

Every individual differs from another and that in a remarkable manner. Not only are there never seen two faces alike, two figures alike in build or in lines of contour, even in the back—a very characteristic feature of the body—but no two voices are alike, no two characters are alike, no two people have the same tastes, likes and dislikes, and most interesting of all things, no two people have the same mental gifts, alone or associated, or the same way of viewing things in general—social, political, or religious.

It is, then, essential that all points should be observed, noted and acted upon in the treatment of illness of any kind. In this position the observant and thoughtful physician appears, and he has, consequently, a power which the non-observant one fails to attain to. To put every patient under square and rule because he happens to be a human being, and ought, theoretically, to be the same as everyone else, is fatal to success, to say nothing of its being ridiculous when one takes the trouble to think out the absurdity of it. There may be general rules which are correct enough in the majority, while if they are enforced, from habit or ignorance, on the minority, disaster will be sure to follow in the matter of success in practice, since the cure of illness is the special *raison d'être* of the medical profession.

In this paper, to obviate undue length, I shall only take up the question of diet, leaving other points for a future occasion. Nor do I mean to dogmatise on theories of diet, or express opinions on the correctness or otherwise of general dietary rules, but simply to take what I may call a common-sense view of things.

One may divide the general kinds of dieting into two main types, the vegetarian and the mixed diet, the latter, of course, containing flesh to a greater or less amount. Now, as a question of principle, I consider vegetarian diet wrong and unscientific, when strictly carried out. The teeth and the digestive organs of the carnivora and the herbivora are distinct in character, corresponding to the food they are constructed to digest. But the teeth and the digestive organs of the human race partake of both types. This of itself shows that man is created for, and constructed for, the eating and digesting of both animal and vegetable food, and not that one kind or the other of feeding is to be looked upon as what is right and correct. No doubt, meat is too largely eaten by many, causing disturbance of digestion from partaking of what is in itself right, but is taken in larger quantity than is assimilable. But this does not alter the

main question at issue. Over-indulgence in any good thing is bad, and must ultimately produce disease. Besides, we find that human beings have been and are in perfect health while taking a partially meat diet, as everyone knows. The anatomical construction of man simply, then, shows that the human race has one capacity and power of living (1) on animal food, (2) on vegetarian food, and (3) on a mixture of both. We also find in the Levitical law, which may be looked upon as invariably correct, because God-given, that meat was not only allowed, but certain animals are specified as fit for food, while others are particularly excepted as being unfit. It should also be stated and distinctly remembered, that all except extreme vegetarians do eat animal food, or animal products, in the shape of milk, eggs, butter and cheese, without involving themselves in what is so often linked with vegetarianism as a part of it, but is an essentially, totally different, and purely sentimental idea of horror at killing any living thing for food. These two questions should be kept entirely separate and distinct, otherwise unnecessary confusion arises.

Having, then, accepted the general statements I have ventured to make, and which, I think, are correct, there comes in, at this point, the individualising of each person. While there is the human *capacity* to digest a mixed diet, there remains the fact that a great variation in this *capacity* exists in individuals. This has to be noted in treating cases that come under one's professional care. How often do we observe that certain patients require meat in their diet, and if put on vegetarian *régime* at once go down, feel weak, and show signs of inanition. All these clearly show that as individuals they have to be dietetically managed in accordance with their individuality, and not in accordance with any theory of dieting. In such cases it will be invariably found, on enquiry, that they have an innate liking for animal food. Again, we know that certain cases do best when what would be reckoned as by rule, excess of meat is prescribed. It seems to be well digested, strength ensues, with general health and vigour. A patient who recently consulted me told me that having read vegetarian books, and put himself on that diet, he found that it would not do for him, as he showed signs of deficient nutrition, and felt correspondingly under-nourished. And I found that he was correct, and that he was one of those whose individuality precluded his abstaining from meat, and so I advised it to be eaten. Another patient, a lady, suffering from a form of dyspepsia, had been put by former physicians on a vegetarian diet, but instead of getting better, the reverse was the case, and all her symptoms were aggravated. On my prescribing meat three times a day, she at once began to improve in all points, and soon got quite well. Here the individuality of the patient had been entirely overlooked, and treatment in diet by hard-and-fast rules had been adopted.

On the other hand, how often do we find the reverse state of individuality exists. A patient comes to one, where meat has been regularly eaten from an idea on the patient's own part that it is necessary to "keep up the strength," or oftener from the well-meaning solicitude of

parents or friends, who insist that it is quite essential. One finds on enquiry that meat is either positively disliked, or at least not cared for, and that he or she would be glad not to have to eat it. In such a case the individuality of the state is manifest. The consumption of the meat is very probably more than half the cause of the illness ; the dislike to it is a sure indication that it is actually not required, but that the patient would be much better if it were either reduced to a minimum, or, still better, omitted altogether. In such cases it is interesting and instructive to see how manifestly delighted the patient is when told to give up meat, and live on vegetarian diet, including eggs, milk, &c. And still more instructive it is to see and watch the results of this advice. The patient at once improves, eats with relish, and becomes a different being. One has only to observe the individuality of such a case, and see that he or she is one of those who can live well and healthy without meat at all, and regain a normal state of well-being. Whereas, if the individuality was not reckoned with, the state of the health would continue, in spite of medicines. A lady, a patient of mine, naturally delicate, and easily knocked down, had been in an almost constant state of ill-health, or a frequently recurring state of illness. She and her friends thought that a mixed diet, with animal food once or twice a day, was absolutely necessary to "keep up her strength." On account of these ideas I had to go cautiously and by degrees, till she at last saw how much better she was, and finally, on her own idea and observation of her state of health, she gave up animal food altogether, and lived a vegetarian life. Since then she has been a different person, enjoys her food, has no indigestion from it, and feels as different in general well-being as can be imagined. Nothing will induce her now to alter her diet, as instead of being weaker or thinner, she is well to her own feelings, as well as to the observation of friends, who remark how well she now looks.

I might multiply similar cases, but it is unnecessary ; a single example illustrating what I mean, in noting individuality as an essential feature in healthy nutrition, is sufficient. The point to be observed specially is the fact that in treatment of patients, theory and general rules are most fallacious and injurious, and that each case must be individualised by itself, in order to obtain the best results.

There is another point in which the public continually go wrong, and in which, I regret to say, doctors go wrong also, following "authority" and theory to the detriment of their patients. They conceive that a certain amount of nutriment must be taken to be compatible with health. Theories are expounded by so-called "authorities," who maintain that a certain number of ounces of this and that form of nourishment are essential to healthy existence, and all are put under this theoretical rule of thumb. The idea seems to be that the more, up to a certain point, we can cram into the stomach, the better and stronger we are. This may be all correct for certain people and certain people may do well on this régime, but with these hard-and-fast laws or rules, the individuality of each person

is ignored, and infallible results of illness must follow. How often do we find, if we recognise this fact, that after a meal, or a "good dinner" as it is termed, the patient is aware that he has a stomach, and often very much so, and for this he comes to the doctor for treatment. The condition shows in the first place, that the patient, with the best intentions, is taking more than his stomach can digest. His views as to strength, and the necessity of "feeding up" to maintain it, are quite erroneous. He or she has not the individual power to digest what is deemed necessary for him to swallow. His individuality must be observed and acted upon. If he takes less food, and perhaps less frequently, he will find that he ceases to be aware that he has a stomach, he gives this organ the proper amount of rest, the overtaxing of it and its consequences subside, and with a much smaller quantity of what he has been told is necessary, he becomes well. In fact, that while some patients require to eat well, and to be "fed up," the majority of those who come to us for treatment require to keep before them as a rule, not to "stoke," or see how much they can put into the stomach, but to see how little is compatible with health and comfort—how little, in other words, they can "do with." Everyone ought to rise from a meal feeling that they could have eaten more if they wished. In other words the individuality of capacity must be kept in view for success.

We often notice that small eaters are far healthier than large eaters. We are told that so-and-so "eats nothing," and so-and-so tells us that he or she eats as much as they can, but stops when it is felt that "they can take no more." Here the result is the test. If enough nourishment is not taken, the patient gets weak, languid, tired and ill. If on the other hand, he or she is well, active, bright, and comfortable as far as their digestive organs are concerned, proof is clear that as much nutriment is taken as is necessary for the individual's health. The small eater who "eats nothing" is well in health in fact, in far better health than the large eater—if she is allowed to have her own way. She has the individuality which must be observed and respected if she is to remain well, whereas, if she submits, in accordance with theory, to be stuffed to please her relations and friends, she becomes ill of necessity. If she is well, and enjoys what she takes, her individuality is clear, and it must be taken into account by the physician.

Then besides these general observations as to the individuality of each patient, it is most necessary to note what are so often called idiosyncrasies on particular articles of food. It is no use to treat these individualities as "fads" which have to be conquered, but which are never conquered. If opposed or laughed at, the patient will only suffer for it. Thus some people can never touch eggs in any form without being ill, others can take an egg occasionally, but cannot look on them if at all out of sorts. Some find an egg will cause constipation, while others find that if constipated an egg will act as a laxative. Many cannot touch milk without suffering for it, and there are many such individualities which must be recognised as such, and not as mere fads.

To summarise, each individual must be studied, when being treated, as an individual, and not as one of a flock of sheep, in order to ensure success. General rules of diet are all very well for certain people, but are useless and even detrimental if put in force for every one simply because they happen to be of the human race. Certain types of diet are right for certain persons, while entirely different types are necessary for others, in order to avoid ill-health. Certain quantities of food are necessary for health to some persons, while to others what looks like "eating nothing" is the true source of health. There are many who have no appetite for breakfast, and would rather escape the ordeal of this meal, while at midday they are really hungry. These persons should go by such indications of Nature, and take no breakfast, but reserve their powers for midday. It is their individuality and it must be respected, and deserved and acted upon. Some people are only hungry at late dinner, and can then not only make a good meal but thoroughly enjoy it, digest it thoroughly and sleep comfortably after it, while if the idea is allowed to take hold of one's mind that a full meal in the evening is bad, while at breakfast or lunch food may be swallowed against the appetite, illness is sure to result. I have frequently been consulted for sleepless restlessness at night in children, who, their mothers told me, were very hungry in the evening, though not caring for middle-day dinner, and who were kept on very light food in the evening for fear of indigestion. To these I have prescribed a full "dinner" in the evening, with the result of happiness, comfortable digestion, and a good night's sleep. This was the individuality of such patients.

I shall probably be told by my readers that there is nothing new in all this, and that they knew it before. But it is well sometimes to have one's notice drawn to special facts, which may have been known before, but which are too often allowed to remain in abeyance in observation, or in action thereupon, and it is as essential for successful practice that the whole attention should not be concentrated on the indicated homœopathic remedy only, but on the very important point of individualising one's patient in the matter of dietary. If this is done carefully and accurately, the indicated homœopathic remedy will have much more potent influence than if it is allowed to pass unnoticed, and therefore not acted upon.

In other words, general rules are all very well, and may be theoretically correct for many, but to individualise such patients in the method of food is essential for professional success, and for the comfort and benefit of those who come for advice to us.—*The British Homœopathic Review*, September, 1907.

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[No. 10.]

NEED OF AN INDIAN HOMŒOPATHIC
PHARMACOLOGY.

(Continued from p. 99).

204. *Croton Tiglium*. The seeds of the *Croton tiglium* are used for tincture. There are several varieties of *Croton*, of which *Croton Tiglium* is known as the Purging *Croton*. The Bengali name is Jaypala (জয়পাল), the Sanskrit is also Jaypala, the Hindi Jamalgota (जमालगोटा), the Persian Batoo or Dund. The nuts were formerly taken to England under the name of "Molucca grains."

Of the several species of *Croton*, *C. Tiglium* is principally used as purgative. Another *C. Oblongifolius*, whose Bengali name is Baragach, has also purgative property. It is mostly found in Southern India, whereas *C. Tiglium* has habitation in Bengal. The seeds of *C. Oblongifolius* are mildly cathartic but the nuts of *C. Tiglium* are violently purgative.

205. *Cubeba*. The tincture of the dried unripe fruit is used. *Cubeba*, *Piper Cubeba* or *Cubeba Officinalis* is generally known by the name of Kabab Chini (কাবাবচিনি) and available in the market as dry seed.

206. *Cucurbita Pepo* is Pumpkin or the Vegetable Marrow. The tincture of the fresh plant is used. In Bengal it is widely

cultivated for the fruit. The Bengali name is Sada Kumrha (সাদাকুমড়া).

There are so many kinds of *Cucurbita* that it is difficult to distinguish them by their Indian names. The following two are among them. 1. *C. Maxima* is Melon-Pumpkin, Squash Gourd, or Red Gourd. The Bengali name is Lal Kumrha (লালকুমড়া). 2. *C. Moschata* is Musk Melon. It is a kind of Safed Kumrha (সাদাকুমড়া).

207. *Cundurango* is *Gonolobus Cundurango* or Conder plant. It is found in the high altitudes in Eueador, South America.

208. *Cuphea Viscosissima* is the *Lythrum Petiolatum*, Wax weed, Flux-weed or the Red Pennyroyal. It is found in some parts of the United States, Maryland, etc.

209. *Cupressus Australis* comes from Australia. Several species are found in India. 1. *C. Funebris* is Weeping Cypress. It is often planted in Nepal, Sikim and Bhutan. 2. *C. Semper-virens* is Common Cypress. It is a tall tree found in Afghanistan and North West India. 3. *C. Tornlosa* is the Himalayan Cypress. It is a large tree of the North West Himalaya from Chamba to Nepal. 4. *C. Lusitanicus* is the Cedar of Goa.

210. *Cupressus Lawsoniana* is found in Europe.

211. *Curare* is Woorara or Hoorali. It is an arrow poison used by the South American Indians. A few investigators think it is derived from *Strychnos Guyanensis Toxicaria* while others suppose it to be a composition of the different species of *strychnos* or of *Cocculus Toriferus* with serpent poison. A third class of speculators believe it to be prepared from the venom of toads. At any rate, the derivation or the composition of the poison remains unknown. Wesselhoëft's provings were made from the poison derived from Merck of Darmstadt. The difficulty is that the source of the poison being unknown, a fresh supply may render different kinds of provings.

212. *Cuscuta Europea* is found in Europe, Asia Minor and Japan. We have *C. Reflexa* or the Dodder known in Bengali Algusi (আলগুসি) or Alokata (অলোকতা). The Sanskrit

name is Amarballi (অমরবল্লী). Watt wrongly calls it Amarvela (অমরভেলা).

213. *Cyclamen* is *Cyclamen Europeum* or the Sow-bread. It is found in Europe.

214. *Cynoglossum Officinale* is found in Europe, Western Asia and America. In India, we have, *Cynoglossum Micranthum* found in North India and the Himalaya.

215. *Cypripedium Pubescens* is Lady's Slipper and found in America.

216. *Cystisus Laburnum* or *Laburnum Vulgare* is found in Europe.

217. *Daphne Indica* is the sweet scented Spurge Laurel. The tree is found in Eastern Asia. While it retains the name of Indica, the curiosity is that it is not observed in India. In India, we have: 1. *Daphne Cannabina* or the Nepal Paper Plant. 2. *D. Involucrata* found in the Eastern Himalaya, East Bengal, Assam and Burma. 3. *D. Mezereum* or *Mezereon* known in the Persian and Arabic languages *Mazureon*. 4. *D. Oboides* observed in the Western Himalaya. 5. *D. Pendula* found in Burma.

218. *Daphne Laureola* is found in Europe and Asia Minor.

219. *Datura Arborea* is *Brugmansia Suaveolens* and found in America.

220. *Datura Ferox* is Chinese *Datura*.

221. *Datura Metel* is a species of Indian *Datura*. In India, we have various kinds of *Datura*; some of them are: 1. *D. Fastuosa* or the Black *Datura*. The Hindi and Bengali names are *Kāla Dhutura* and the Sanskrit *Krishna Dhustura* (কৃষ্ণধূতুরা). 2. *D. Alba* or Sweet *Dhutura* (শ্বেতধূতুরা). 3. *D. Metel* is also Sweet *Dhutura* (শ্বেতধূতুরা). Evidently it is not the same plant as *D. Alba* which is found in the warmer parts of India. On the other hand, *D. Metel* is found in the Western Himalaya and mountains of the West Deccan Peninsula. It seems probable that the Sweet *Dhustura* of the ancient Sanskrit medical writers is *D. Metel* and not *D. Alba*. *Charaka*, *Susruta* and *Bagbhatta* were written when the Rishis were in the Panjab.

Evidently they meant by Svet Dhustura D. Metel and not D. Alba. 4. D. Stramonium or Thorn apple is the widely distributed plant of the genus Datura. It is also called Sada Dhustura. The plant is mostly found in the Temperate Himalaya from Baluchistan and Kashmir to Sikim 5. D. Tatula comes from Persia and Afghanistan and is mostly found in the Bombay market. Its Persian name is Gharbhuli.

222. *Demantium Petraceutum* an algae comes from Europe.

223. *Deris Pinnata* is a plant of Cochin China. In India, we have: 1. D. Elliptica which is met with in Martaban, Burma, Penang, Molucca, Siam, etc. 2. D. Robusta found in Eastern Bengal and Assam. 3. D. Scandens observed in the Eastern Himalaya rounding the coast of Chittagong and the Western Ghats.

224. *Dictamnus Albus* is met with in Europe.

225. *Digitalis Purpurea* or Fox Glove is found in Europe.

226. *Digitalis Intea* is also an inhabitant of Europe.

227. *Dioscorea Villosa* or the Wild Yam comes from America. In India there are several species: 1. D. Aculeata or the prickly stemmed Yam or the Goa Potato. It is also called the Guinea Yam. It is a native of Central and Southern Bengal and of Western and Southern India. In Bengali the name is Manulu (মৌআলু). 2. D. Alata or the Wing-stalked Yam is Kham alu (খামআলু). 3. D. Atropurpurea is the Dark Purple Yam, or the Malacca Yam. It is sometimes sold in Calcutta under the name of Rangoon Yam. 4. D. Batatas is generally found in China. 5. D. Bulbifera or the Bulb-bearing Yam is wild in Chittagong, Sylhet and in the Western ghats (কথঁ আলু). 6. D. Deltoidea mostly found in the Himalaya. 7. D. Fasciculata (শঙ্গি আলু) is the Kidney-shaped Yam or the Karren Potato. It is extensively found near Calcutta. 8. D. Globosa (চুবড়ি আলু) is the Common Yam. It is found in Lower Bengal. 9. D. Nummularia (ভোরআলু) is the Tivoli Yam found near Calcutta. 10. D. Oppositifolia comes from the East and West Coast of Southern India. 11. D. Pentaphylla (কাঁটা আলু) is the Kawau Yam of

Fiji. It is common in the jungles and on low hills. 12. *D. Purpurea* (মালআলু) is the Purple Yam. It is cultivated in many places of Bengal. 13. *D. Rubella* (গরান আলু) is mostly cultivated in Lower Bengal. 14. *D. Sativa* (রাডালু) is the Common Yam. Its Hindi name is Ratalu. It is cultivated over the greater part of India. 15. *D. Triphylla* is common in the Concan and Malabar. 16. *D. Versicolor* (দুধ আলু) is found from Monghyr to Kumaun.

228. *Diosma Fœtida* comes from Africa.

229. *Dipsacus sylvestris* is found in Europe and Western Asia.

230. *Dirca Palustris* is the Leather wood or Moose wood and comes from America.

231. *Dolichos Pruriens* is *Mucuna Pruriens* or Cowhage. It is found in India. The Hindi name is Keeoach.

232. *Dracontium Fœtidum* or *Symplocarpus fœtidus* comes from America.

233. *Dracontium Polyphyllum* is met with in the Malabar hills, Bombay and the Concans in India.

234. *Drosera Rotundifolia* is found in Europe, Asia, and America. It is Round-leaved Sundew. In India, the plant is cultivated on the Nilgiri Hills. The other species found in India are: 1. *D. Burmanni* which is plentiful in the Gangetic plains. 2. *D. Peltata* which occurs on the Himalaya and the Nilgiri Hills.

235. *Dulcamara* or *Solanum Dulcamara* is Woody Night shade or the Bitter-sweet. It is found in Europe, Asia Minor and China but not in India.

236. *Dulongia* comes from America.

237. *Echinacea Angustifolia* is found in America.

238. *Echinacea Purpurea* or Black Sampson is also an inhabitant of America.

239. *Elæagnus Angustifolia* is found in Europe, Asia Minor and Egypt.

240. *Elæis Guineensis* or Avoira comes from America and Africa.

241. *Elaterium* is *Ecbalium Elaterium*. It is found in Europe.

242. *Ephedra Vulgaris* is a Russian plant. It is found in the Western Himalaya and known as Butshur.

Apart from the medicinal plant *Ephedra Vulgaris*, it will be interesting to know something about *Ephedra Pachyclada* or Soma Lata (सोमलता), of which so much has been said in the Vedas and the Zend Avesta. In the Zend, it is mentioned Homa. In other words Homa and Soma imply the same plant. Parsis still use it for sacred purposes. The identification has come from several sources. Dr. Aitchison in his botanical report in connection with the Afghan Delimitation Commission calls the plant *Ephedra Pachyclada*. In the Hari-rud valley it is called Hum, Huma or Yohma. Dr. Aitchison has found it "a very common shrub, from Northern Baluchistan along our whole route, in the Hari-rud valley, the Badghis District, and Persia, growing in strong gravelly soil. The Badghis district is the Bagdi of the Zend.

Ephedra Pachyclada is rather a tall shrub of the Western Himalaya and Western Tibet. In the *Dhurtasvamibhasyatika* mentioned by Max Müller, a commentary of the so-called Ayurveda, its juice is said to be sour, milky and destroys phlegm. A tincture of the plant may serve many useful purposes in medicine. In fact, it is a plant which produces fermentation like yeast; its juice alone did not serve the purpose of intoxication.

243. *Epigea Repens* is Trailing Arbutus and comes from America.

244. *Epilobium Palustre* is *Epilobium L. neare*. It is met with in Europe and America.

245. *Epiphagus* is *Epiphagns Virginiana* or Beech Drops or Cancer Root. It comes from America.

246. *Equisetum Arvense* is found in Europe, Asia, Africa and America. In India, we have *Equisetum Debile* which is found in the Punjab, North-West Province, Bengal and Burma.

247. *Equisetum Hyemale* or Scouring Rush is met with in Europe and Asia.

248. *Erechtites Hieracifolia* comes from America.

249. *Erica Vulgaris* or *Calluna Vulgaris* is found in Europe, Asia Minor and America.

250. *Erigeron Canadense* is found in America, Europe, Asia and Africa. We have *E. Asteroides* which is found in Bengal, the Eastern Himalaya and the Western Peninsula. In Bombay it is called Maredi.

251. *Eriodictyon Glutinosum* is also *E. Californicum*. It is found in America.

252. *Erodium Cicutarium* is found in Europe, Africa, Asia-Minor and America.

253. *Ervum Ervillia* is found in Europe.

254. *Eryngium Aquaticum* or Button Snake-root comes from America.

255. *Eryngium Maritimum* or Sea Holly is met with in Europe, mostly in the Mediterranean region.

256. *Erysimum Officinale* comes from Europe, Africa and America.

257. *Erythrinus* is a kind of red Mullet and found in South America. In India, there is *E. Indica* or the Indian Coral tree or Mochi wood found in many places. In Hindi it is known Pangra.

258. *Eucalyptus Globulus* is an Australian tree. It has now been implanted in India.

259. *Eugenia Jambos* is Rose-Apple (গোলাপজাম). It is cultivated in the gardens all over Bengal. Clarke has wrongly called it the Malabar Plum tree. His source of information remains unknown to us. In this connection we mention of *Eugenia Jambolana* or *Syzigium Jambolanum* (জাম), known as the Jamun tree. The bark and the seeds of the fruit are used for medicine. Other kinds of *Eugenia* are also found in India. Most noticeable among them are : 1. *E. Jambolana* var. *Carophyllifolia* which is Chota Jam (চোটাজাম). 2. *E. Javanica* or Jamrul (জামরুল). *E. Malaccensis* or May Apple, Kavika Tree. The Bengali name is Malacca Jamrul (মলক্কাজামরুল).

4. *E. Operculata* which is found in the Sub-Himalayan tracts ; its Hindi name is Rni Jaman (रनिजामन).

260. *Eunymus Atropurpurea* or the Burning Bush is found in America.

261. *Eunymus Europea* or Spindle Tree is found in Europe. In India we have : 1. *E. Grandiflorus* an inhabitant of the Himalaya. It is called Gula or Grue at Simla. 2. *E. Hamiltonianus* another Himalayan variety. Its Kashmiri name is Bramhani and the Panjabi Sikha. 3. *E. Pendulus*. Its Hindi name is Chopra, and inhabits the Himalayan region. 4. *E. Tingens* also a Himalayan tree. Its Hindi name is Kungku.

(To be continued).

SUPPURATION.

(Continued from p. 364).

Arnica. The principal point which will solve the applicability of Arnica in suppuration is, whether Arnica has been applied in any case of suppuration and proved useful? The glaring fact is its application in bedsores, and has at least relieved the pains incidental to them and lessened the extent of the sores. It has also been used though in less extent than before in other kinds of suppuration with good effect. This much Arnica has done when used as a homoeopathic medicine. According to Nash it has been administered in "Many small boils, painful, one after another, extremely sore." The effect of Arnica in boils is an often verified fact. Hempel and Arndt write as to the action of Arnica thus : "If you consider the specific manner in which Arnica depresses the capillary vessels and the absorbent system you have proof of its homoeopathicity to bruises, contusions, wounds and sanguineous extravasations. Arnica relaxes the contractility of the capillary vessels, hence it favors effusion from the capillaries into the surrounding cellular tissue." The effusion favors the migration of the white cells which destroy the microbes outside the blood-vessels. Their destruction in the blood-vessels is also being accomplished by those cells.

The amoeba like corpuscles not only reside in blood, but they also form part of the all-pervading connective tissue. A wound or an inflammation bringing in micro-organisms or other foreign matter produces engorgement of the blood-vessels and the colourless corpuscles of the neighbourhood invade them in and out of the blood-vessel thus affected.* These facts have been clearly demonstrated by Metschnikoff in his 'Lecons Sur l'Inflammation'. The fact of migration of the leucocytes is a safety process of nature.

The condition is that inflamed blood-vessels exude serum and allow passage for the white cells. We have seen that Arnica can produce pathogenetic inflammation. For this reason Arnica is useful in various kinds of inflammation. It helps the leucocytes in eating up the foreign matter and also to eat up and remove the dead, wounded, and degenerated tissues. These phagocytes perform the most useful functions and proper homœopathic medicines help them to perform their work, if they are overpowered by their antagonists.

So far with inflammation. The residue or debris of the white cells and the degenerated tissues are generally converted into suppuration and allow the foreign matter thus formed to pass out of its location. Arnica can help the living leucocytes to be absorbed when suppuration has commenced. But when suppuration has so far extended as to alter the character and function of the living leucocytes which are present at that place, then Arnica fails to help the absorption. In other words, dead white cells and tissues which have partaken the suppurative process can not be helped for absorption by Arnica.

The next point is, whether the exuded serum retains that quality so that absorption can be helped? For information on this point we take the following from "The Kingdom of Man" by E. Ray Lankester. "The discussion and experiments arising from Metschniukoff's demonstrations have led to the discovery of the production by the phagocytes of certain exudations from their substance which have a most important effect in weakening the resistance of the intrusive bacteria and rendering them easy

prey for the phagocytes. These are called 'sensitisers,' and have been largely studied. Dr. Wright considers that such sensitisers are formed in the blood and tissues independently of the phagocytes, and has called them 'opsonins,' under which name he has made most valuable application of the method of injecting them into the body so as to facilitate the work of the phagocytes in devouring the hostile bacteria of various diseases. Each kind of disease-producing microbe has its own sensitiser or opsonin; hence there has been much careful research and experiment required in order to bring the discovery into practical use. Metschnikoff himself holds and quotes experiments to show that the 'opsonins' are actually produced by the phagocytes. That this should be so is in accordance with some striking zoological facts, as I pointed out nearly twenty years ago. For the lowest multicellular animals provided with a sac or gut, such as the polyps, have that sac lined by digestive cells which have the same amœboid character as 'phagocytes,' and actually digest to a large extent by swallowing or taking into their individual protoplasm raw particles of food, such particles are enclosed in a temporary cavity or vacuole, into which the cell-protoplasm secretes digestive ferment and other chemical agents. Now there is no doubt that such digestive vacuoles may burst and so pour out into the polyp's stomach a digestive juice which will act on food particles outside the substance of the cells, and thus by the substitution of this process of out-pouring of the secretion for that of ingestion of food particles into the cells we get the usual form of digestion by juices secreted into a digestive cavity. Now this 'being certainly the case in regard to the history' of the original phagocytes lining the polyp's gut, it does not seem at all unlikely, but on the contrary in a high degree probable, that the phagocytes of the blood and tissues should behave in the same way and pour out sensitisers and opsonins to paralyse and prepare their bacterial food. And the experiments of Metschnikoff's pupils and followers show that this is undoubtedly the case. Whether there is any great variety of and difference between

'sensitisers' and 'opsonins' is a matter which is still the subject of active experiment. Metschnikoff's conclusion, as recently stated in regard to the whole progress of this subject, is that the phagocytes in our bodies should be stimulated in their activity in order successfully to fight the germs of infection."

The next point is, whether the serum which has exuded retains its physiological quality, and not being converted into pus can be absorbed by Arnica? We believe that this kind of function pertains to Arnica. The absorption lessens the quantity of puriform matter which is about to invade the whole of the exuded material as well as the degenerated tissue. The fact is that all medicines which help absorption of the exudation can do so at the beginning of the suppurative stage.

In view of the above mentioned physiologico-pathological facts, we will not be justified in using only a few noted medicines during suppuration to confine its limit. We have used Arnica in several cases at the commencement of suppuration with marked success.

Arsenicum Album or Arsenious Acid has peculiar action on the general constitution. Its acute and chronic symptoms are so different from each other that they have special characters of their own. In suppuration, the acute symptoms are not manifested for want of time to develop them. As sequel to acute or in chronic cases, the symptoms of suppuration and ulceration are manifested. In Hempel and Arndt, we find the following: "Hahnemann graphically sums up the effect of slow poisoning by arsenic as a gradual sinking of the powers of life, without any violent symptoms; a nameless feeling of illness, failure of the strength, an aversion to food and drink, and all the other enjoyments of life." It is to be noted that symptoms of suppuration or ulceration are not mentioned. In another place several occurrences of erysipelatous and gangrenous inflammations have been cited by the same authorities. We are at present interested to examine whether Arsenic can cure cases of chronic suppuration.

Allen writes. "The skin is irritated, and violent itching and burning are followed by eruptions and finally ulceration." With regard to this clinical observation he says: "In unhealthy states of the skin and in low fevers we may have ulcerations and even gangrenous sloughs." Clarke adds the following hints: "Ulcers with raised and hard edges, surrounded by a red and shining crown; with bottoms like lard or of a blackish blue-colour, with burning pains or shooting, principally when the parts affected become cold. Ulcers, hard on the edges stingy burning spongy; with proud-flesh; turning black; flat; pus thin, ichorous (cancers). Fetid smell, ichorous suppuration, ready bleeding, putridity, and bluish or greenish colour of the ulcers. Thin crusts or proud-flesh on the ulcers. Carbuncles (burning). Inflammatory tumours with burning pains. Ulcers in form of a wart."

All these symptoms have proved curative in chronic ulcers. These ulcers are generally callous or unhealthy, with or without burning pains. The low, sickly constitution of the patient is also a leading character. The stinking, foetid pus with proud-flesh granulations also helps the selection of the remedy. The main features mentioned above are the principal indications.

Hoyne has the following records? "*Ulcers*, chronic, with callous, hard and swollen edges, bleeding easily; surrounded by blisters and vesicles; foetid discharge; gangrenous. Aggravation from cold and at night, better from warmth. Violent lancinating pains; bottom of ulcers appear livid; spreading in width.

Girl aged two, superficial ulcers on legs, surrounded by a somewhat raised pinkish areola. In center of each was a small, dry, black, slightly depressed scale, from under the edges of which oozed a mixture of thin, light yellow matter and very dark blood. Complained of burning pains in ulcers and had a great desire to scratch round the edges, but disliked to have them exposed to the air. Loss of appetite, generally prostration and intense thirst for small quantities of water frequently. Are cured."

It is impossible to separate symptoms of suppuration and ulceration from each other. In fact, suppuration generally ends in ulceration and the two run concurrently. The indications of pus should be taken into consideration with the ulcer, for ulcer can not remain alone without the excretion of puriform matter.

Arsenicum Iodatnm is a medicine for syphilitic suppuration and ulceration. It has cured a few cases of mammary abscess when the pus had the unhealthy character of Arsenic or syphilitic origin. Clarke says with regard to the medicine thus: "The conditions resemble more closely those of *Arsen.* than those of *Iod.* worse from cold wind; better from warmth. Great vital prostration. Worse by any exertion. Kent observed in a proving made by himself that a thick, yellow discharge resembling honey is characteristic, and he cured with it a case of disease of the nasal bones, with weak intellect, in a girl being guided by the symptom: 'discharge excoriating, thick and yellow.' There was also a great improvement of the mental state. Hale's keynote of the remedy is: The peculiar and persistently irritating, corrosive character of all the discharges."*

It will be seen that the thick, yellow discharge like honey or the corrosive irritating character of the pus is the keynote to use the remedy. The thin emaciated condition will help the selection.

Arsenicum Metallicum is capable of being used in syphilitic cases. The leading indications correspond with those of *Arsenicum Album*.

Arsenicum Sulphuratum Flavum is Arsenious Sulphide or Orpiment. It has the quality of both Arsenic and Sulphur. Clarke says: "The periodicity of both *Arsenic* and *Sulph.* are marked; worse every afternoon and evening. Better from steam or hot water. Better by lying down."

The Indian quacks use orpiment (हरिভল) in small dose to cure chronic ulcers.

Arsenicum Sulphuratum Rubrum is Arsenic Sulphide or Realgar and used for the same purpose as Orpiment.

Asafœtida is another medicine for chronic ulceration with ichorous pus. Clarke writes: "Ulcers with high, hard edges, sensitive to touch, easily bleeding; old ulcers on forearm, wrist, hand; ulcers, especially when affecting the bones; pus profuse, greenish, thin, offensive, even ichorous. Ulcers very painful to contact especially in the circumference, gangrenous." Hughes quotes a case of Dr. Holcombe: "I have twice verified the value of this remedy in scrofulous caries of the bones. I used the 12th dilution. It is singular that a remedy, whose principal applications are to the most fugitive and sympathetic disturbances of the nervous system, should extend its curative power to the most deep seated and chronic organic lesions." Then he adds, "It is also highly commended in acute periostitis. I give you these facts as they stand. For myself I have given *Asafœtida* very persistently in several cases of chronic caries, without being able to discern the slightest result from its use."

Hoyne writes in favour of the use of *Asafœtida* in caries and necrosis: "*Syphilis*.—*Asafœtida* has been employed chiefly in the tertiary form after the use of *Mercury*. Ulcers, particularly when affecting the bone discharging ichorous foetid, thin pus; ulcers which are painful when applying the bandage; stinging in the bones, worse at night; pain in bone when touched. Syphilitic caries and necrosis with foetid and bloody suppuration.

Lady aged 45. Both tibiae were bowed out with bone swelling; extreme nocturnal pains preventing sleep for weeks. Had taken *mercury* by inunction. *Iodide of Potash* and *Bromide of Potash* without benefit. *Asaf.* 30 very soon relieved the pains and produced sleep. The nodosities of the tibiae also disappeared in two or three weeks. Dr. J. M. McClelland,

Tertiary syphilis in a man aged forty. Large ulcer upon the right leg with a bluish, hard edge, painful to the touch; nightly pains in the tibiae; bone very sensitive to touch. *Nit. ac.* 200 benefited him for a while. Afterward *Asaf.* 200 cured. Hoyne."

The difference between the opinions of Hughes and others rests on the application of Asafoetida in syphilitic cases. It seems that Hughes used the medicine in caries and necrosis indiscriminately. On the other hand the successful use of the medicament rests on the administration in syphilitic caries and necrosis. Our experience is in favour of the use of Asafoetida in caries and necrosis originating from syphilis. In a few cases of syphilitic ozæna and ulcer of the leg it has proved efficacious.

The following remarks of Clarke are with us: "The foetid smell of the drug may be regarded as one of its 'signatures'. Foetid discharge from nose; bones affected. The following is a strong characteristic: Bones of orbits bruised, sore, and sensitive (iritis; after abuse of *Mercury*. *Merc.* has less of the sensitiveness). Caries of bones. Multiple nodes on roof of mouth, discoloured, bone deeply involved..... Periosteal affections ending in ulcers which are so sensitive that no dressing is tolerated."

(To be continued).

**Meteorological Observations taken at 8 A.M. at the Indian
Association for the Cultivation of Science, Calcutta.**

For the Month of September, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		Humidity.	CLOUD.	
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.		Proportion.	Rainfall in inches of past 24 hours.
1	29.410	E	3.0	92.0	79.0	96	10	0.78
2	29.422	S	3.0	91.6	79.5	91	10	0.47
3	29.586	S	2.9	84.8	78.5	93	10	0.06
4	29.576	S	1.4	88.0	80.8	85	7	Nil.
5	29.552	E	3.2	91.0	80.0	83	6	0.09
6	29.604	E	3.6	90.0	79.5	85	8	1.00
7	29.636	S E	2.8	86.6	79.8	89	7	0.25
8	29.582	S E	2.5	89.0	80.0	88	7	0.38
9	29.550	S E	2.7	92.5	80.0	86	7	Nil.
10	29.633	E	2.1	91.0	80.0	93	7	0.21
11	29.652	S	2.3	91.2	81.0	80	5	Nil.
12	29.689	S	1.9	92.8	81.0	88	5	0.35
13	29.690	Calm	1.9	91.5	78.5	92	8	0.29
14	29.704	Calm	1.5	90.5	77.0	96	8	0.55
15	29.716	Calm	1.9	91.0	77.0	93	10	0.85
16	29.679	S	1.1	91.0	79.0	88	9	Nil.
17	29.712	N	2.0	92.8	81.5	69	10	"
18	29.731	S	2.0	93.0	81.0	78	Nil.	"
19	29.769	N	2.4	93.5	83.0	70	4	"
20	29.795	N E	2.5	92.2	74.0	100	10	2.92
21	29.800	S	1.2	83.0	76.0	91	8	0.05
22	29.741	S	2.5	88.6	77.0	93	8	1.76
23	29.735	S E	3.5	90.0	79.8	87	7	Nil.
24	29.819	S	3.8	89.0	79.5	86	6	0.42
25	29.829	S	3.1	90.0	79.5	86	6	Nil.
26	29.794	S	3.5	90.0	80.2	84	4	"
27	29.772	S	3.7	91.5	81.5	84	6	"
28	29.769	S	2.9	92.5	82.0	82	Nil.	"
29	29.752	S	2.5	93.8	83.0	90	6	"
30	29.830	S	2.6	95.8	82.5	88	8	"
Mean	29.684	S E	2.5	90.6	79.7	83	7	TOTAL 10.43

Remarks: The mean atmospheric pressure during the month of September was 29.684, in contrast to that of the last month

which was 29.509. The mean direction of the wind was S. E., as it was in the previous month. The mean velocity of the wind per hour was 2.5 miles, less than that of the last month by .4 miles. The mean maximum temperature was 90.6 and the mean minimum 79.7, shewing a difference of 10.9 degrees. The mean humidity was 83, whereas in the previous month it was 86. The total rainfall was 10.43. It was 10.08 inches in the previous month.

The mortality from cholera, during the week ending the 31st August came to 28. During the week ending the 7th September it was 13. In the week ending the 14th September, it suddenly rose to 38. In the week ending the 21st September the number of deaths was 31. During the last week ending the 28th September, the mortality remained at a standstill to 31. The appreciable rainfalls during the month were on the 6th, 20th and 22nd. Rain could not produce any effect on the disease.

From plague, during the week ending the 31st August, only 3 persons died. During the week ending the 7th September the mortality was confined to 6 persons. In the week ending the 14th September, it was 6. During the week ending the 21st September, it was 11. In the week ending the 28th September, it was 7. It seems that the rainfalls of the 20th and 22nd produced the lessening effect.

Mortality from smallpox never took away more than two persons in a week. The fact is that smallpox like cholera and plague permanently prevailed in Calcutta.

Deaths from fever in the week ending the 31st August took away 164 persons. They were 230 in the week ending the 7th September. During the week ending the 14th the mortality was 129. In the week ending the 21st September, it rose to 155. In the week ending the 28th September, it was 133. The notable fact is that the mortality from fever began to increase from the month of July.

Bowel complaints took away more persons than in the previous month. From 38 the mortality increased to 67 in a week.

The total mortality during the above-mentioned period of four weeks was 1,837 among the population of 8,47,796 persons, shewing the ratio of 27.8 per mille. During the month of August the ratio was 25.48, shewing an increase of 2.32 per thousand population.

EDITOR'S NOTES.

Sepia in Inflammation of the Elbow.

The following is taken in the *Homœopathic Envoy* for September from the *Leip. Pop. Z. f. Hom.*, July 1, 1907.

"A few weeks ago the wife of our farmer called on me and showed me her swollen arm, and stated that she first felt the pains in her elbow; but she could not remember having knocked it against anything or hurt it in any way; nor had she had any similar ailment before. For weeks she has not been able to use the arm; she had used several remedies, but instead of becoming better, it had only become worse. On my advising her to see her physician, as I thought that in the bad state of the arm and the considerable pains in it no time should be lost to use strong remedies, she answered that had been done, but these prescriptions had not proved of any avail. The patient is forty years of age, and looks well-nourished but sick; and this determined me to give her *Sepia* 6, which according to Hering has a particular relation to the elbow. After a week she came back and asked me for some more of these salutary Homœopathic little pills. According to her statement, her arm has been improving from day to day, so that with some caution she is able to use it again.

Soon after this an older laborer from another farm came to me stating that he was sick. He also was unable to use his hand and his arm, which were swollen up to the shoulder. Also he stated that the ailment had come of itself, without his having knocked against anything or hurt himself in any way. I gave him *Sepia*, and the nurse in the hospital ward assured me that the improvement which set in soon afterwards had evidently been the result of the homœopathic remedy."

The above cases have proved what *sepia* can do in inflammation of the elbow and even in the whole inflamed arm. The cases are evidently those of erysipelas. Erysipelas of the face cured by *sepia* has been recorded but cure of erysipelas of the arm does not find place. The peculiar symptom of itching on bends of elbows has been prominently noticed. The itching does not much help to treat a case of erysipelas. Whatever the affinity of elbow may be with *sepia* the clinical cases prove that the inflammatory symptoms of arm and elbow come within the jurisdiction of *sepia*.

Sterility in women.

The *Medical Times* for September writes :

"Some aspects of sterility in women are considered by A. T. Roginsky (*N. Y. Med. Rec.*, June 22 '07), who finds that in searching for the cause in any given case one must not only scan the whole range of diseases peculiar to women, but must also take into account the physical and social conditions of the individual. A detailed knowledge of the physiological and pathological processes that take place in the female genital tract, is very essential. Once healthy semen is deposited in the upper segment of the vagina and conception does not take place, clinically speaking, the woman is at fault." Sometimes the cause is very obscure; but aside from the many structural lesions that may exist, functional disturbance, no matter how mild, may be causative—especially when women suffer from a general muscular relaxation, are ill-nourished and highly nervous. In order that the male factor may reach its destination, two mechanical forces besides its own motor power are essential to compel the spermatozoon to travel toward the uterine cavity. First the perineal body or pelvic floor, by the constant contraction and relaxation of its muscular structure, produces from below a wave in the direction of the cervix upon which the spermatozoa are carried upward. This perineal function is no doubt one of the most important factors in holding the uterus in its normal position. Again, the hollow uterus, constantly undergoing, as it does, some contractions, must 'have some suction power which aids also the upward passage of the spermatozoon.' In women who suffer from a general muscular relaxation these mechanical processes are greatly diminished, with the result that conception does not take place. Another untoward factor is that the wave produced by the uterine ciliated epithelium is outward, opposing the progress of the sperm."

In cases of sterility of women generally the fault is placed on men, who are accepted to have contracted disease which prevent impregnation. The following are the noticeable features which create sterility in women.

1. Ill nourished and nervous women with muscular relaxation.
2. Want of normal contraction and relaxation of the pelvic floor.
3. Want of the supposed suction power of the uterus.
4. The outward wave of the ciliated epithelium is opposed to the normal process.

5. Dryness of the mucous surface of the vagina opposes the inward passage of the spermatozoon.

6. Irritability of the mucous surface of the vagina which provokes irregular contraction of the muscles of the vagina and uterus, preventing the inward passage of the spermatozoon.

7. Diseased mucous membrane of the vagina prevents the inward passage of the spermatozoon.

The Prophylaxis of Plague by Immunization.

The *British Medical Journal* of September 14, writes as follows :

"Dr. Strong has contributed an interesting article on his studies in plague immunity to the *Philippine Journal of Science* for June, 1907. Before discussing his own experimental work he reviews the various prophylactics which have been already used in human beings, giving a short account of their preparation and the immunizing powers which they possess. He quotes the experiments of Kolle and Otto, who found that guinea-pigs cannot, except in rare instances, be immunized against plague infection by the use of Haffkine's prophylactic, and argues that if large and repeated doses of the killed plague bacilli fail to immunize such small animals as guinea-pigs, it seems unreasonable to expect very favourable results in man from such a method, particularly since the amount of the bacteria inoculated in human beings is so much smaller in proportion to the body weight. Such theoretical considerations should not be allowed to outweigh the practical results obtained in India until some more effective method has been discovered, but this Dr. Strong believes he has found. He relates a series of inoculations of animals with living attenuated cultures (vaccinations), and concludes that, 'in spite of variations in the results of immunization sometimes obtained in the different series by the same method of inoculation, nevertheless, an examination of the experiments demonstrates conclusively and beyond any doubt the great value of vaccination (living attenuated cultures) against plague infection and its evident superiority to the other methods of immunization.' During the year dealt with, nearly 200 such vaccinations were performed on human beings in the Philippines. Dr. Strong observed no unfavourable results in the inoculated, and believes that the cultures with which he worked proved themselves to be entirely safe for human beings. He quotes Douglas and Bulloch's criticism on his work in Allbutt and Rolleston's *System*

of Medicine: 'Naturally very great care would be necessary in recommending a method like this on a big scale in plague stricken communities, as from unforeseen circumstances the virulence might increase and plague be induced,' and meets it by pointing out that there is no evidence to support this statement, his cultures, which for nearly two years have been used at intervals in human beings, being as safe for use in man to-day as they were at the time of his first inoculation. We feel inclined to agree with Douglas and Bullock in their words of warning; true there may be no direct evidence to justify it as yet, but nevertheless the indiscriminate use of living cultures on a large scale might furnish this only too quickly. If the new method should prove of great protective value to man, then, of course, the risk of any such unfortunate accidents would have to be faced. All that can be said for the present is that it is to be hoped that such a procedure in the hands of others will always prove as safe as it has in the hands of Dr. Strong."

The prophylaxis created by plague inoculation is always doubtful, as all artificial means are. Doubt cannot exist that artificial immunity cannot take the place of natural immunity. The present fad is to create waste of energy by depending on artificial immunity at the sacrifice of the natural immunity. Efforts to create natural resistance to diseases have been minimised by the artificial work. Having so many dangerous enemies in our front, it is useless to select a particular weapon for a particular enemy and have all of them at our side for continual warfare. If natural immunity as one weapon can baffle the attacks of all the dangerous diseases when properly applied, it is our duty to imitate nature and create that immunity and not to replace it by an artificial method, which may either fail or prove dangerous. The law of sanitation should rigorously be enforced in time of danger. Sanitary associations should be established to educate Indians to obey the natural laws of sanitation.

As for the difference between Haffkinism and other methods, it seems from the actual experiments of Haffkine, that after an existence of about ten years of his inoculation in India, no influence has been made on plague. We do not rely on the official reports, for they have not taken into consideration the failures of that system. The sufficient proof of the failure of inoculation can be found in the Punjab alone, if other provinces are not taken into consideration.

Prolonged Artificial Respiration.

We read in the *Medical Times* of September :

"J. W. Trask, in the *Military Surgeon* reports two recoveries after having been immersed in water for a time beyond which resuscitation is generally not hoped for, and he concludes that the Sylvester is the best method of artificial respiration without apparatus, and when there is but one operator. The combined Sylvester and Howard methods are the best where there are two or more to do the work. The Life Saving Service prescribes these methods. Schafer's results by his new method are so good that they would appear entitled to corroborative experimental work by others. An apparatus consisting of an O'Dwyer intubation tube attached to an ordinary bellows should be very effective in cases of apparent drowning, because the recharge of air can be made as great or greater than in normal respiration ; here one operator will suffice, and he need not possess the amount of strength and endurance required in the other methods. One should persist in artificial respiration for at least two hours in all cases, especially where the submersion has been for thirty minutes or where the length of time has been in doubt. In the first of Trask's cases the man was in the water about half an hour, and his resuscitation 'was due entirely to the persistence and perseverance of the life saving crew, who kept up the artificial respiration for over an hour and three-quarters, and thus supplied the energy for breathing until his blood and tissues had received enough oxygen to continue the process for themselves.' The second case was in the water for probably half an hour, yet the boy recovered after somewhat over an hour of artificial respiration."

Saving of life after prolonged immersion in water has gained an importance in view of the fact that a few hopeless cases can be cured by artificial respiration continued for more than an hour until enough oxygen impermeates the lung tissues to work for themselves. The persistence of artificial respiration for a long time is the keynote by which natural respiration revives. In fact the artificial supply produces stimulation for the natural to renew its own work. It is to be noted that the artificial supply of the natural product is an incentive to nature to renew its organisation. In fact, the involuntary effort is supplied by voluntary means. Those involuntary efforts which can be obstructed by voluntary action and replaced by withdrawing the opposition can have the

support of voluntary attempts to revive its energy. The respiratory action is an involuntary effort which can be obstructed for a time by voluntary action. The involuntary action of the beatings of the heart can neither be obstructed by will nor be replaced by artificial means. Perhaps, science will not advance to that point where the cessation of the involuntary action of the heart can be re-animated by voluntary action.

Criminal Responsibility.

The *British Medical Journal* of September 14, writes:

"At the recent Congress of French Alienist Physicians a resolution was passed to the effect that the question of the responsibility of a delinquent is not one which a physician ought to be called upon to determine ; it is enough for him to say whether the accused person was mentally disordered or not at the time when he committed the offence. According to Article LXIV of the French Penal Code, if the accused's mind was disordered at the time when the act was committed there is neither crime nor offence ; it is not necessary that the mental disorder should last indefinitely or be complete, that is to say, affecting all forms of psychical activity. While it neither excuses nor attenuates crime, it is an absolute bar to a conviction. A case in point has been recently tried, where a man was condemned to imprisonment for six months for stealing a hand-bag. At the trial he was examined by several expert physicians and regarded as responsible by some and irresponsible by others. On appeal the Court ordered three expert physicians to examine him again, and of these two reported that he showed real mental disorder, but left to the Court to pronounce on the question of responsibility. The counsel for the appellant asked for the acquittal of his client on the ground that the disorder recognized amounted to mental alienation, that would exclude all responsibility, or throw a serious doubt upon the state of his mind by which he had the right to benefit. The Court accepted this view and reversed the conviction on the ground that the experts found that the accused was in a state of dementia (*démence*) when he committed the offence. This view is infinitely more simple than that usually taken in this country of the duty of the medical expert, who is generally expected and often takes upon himself the duty of attempting to decide whether the accused person was responsible for the act committed. Our judges, moreover, have laid down the principle

that responsibility is determined by the capacity of an admittedly insane person to appreciate the character of the act in its true relations, and in consequence insane persons may be punished, or even submitted to the extreme penalty of the law, if the judge is not satisfied that the admitted mental disorder prevented the accused person from recognizing the nature and quality of the act committed."

The consideration of criminal responsibility is decided in France on the ground whether the criminal was really affected by dementia, mono-mania or any other kind of mental disease which the criminal had no power to control. The acceptance of the view naturally releases the prisoner from punishment as he was not responsible for his action.

There is another side of the question. The criminal creates a danger in society which can not be ignored. The lives of honest good men are thereby endangered. Some remedy should come into existence to control his actions. It can not be denied that mono-mania, melancholia, partial dementia and other diseases of like nature may rest on certain disturbed conditions of brain centres, either organic or functional. The power of the disease may not be noticeable at the beginning, but it assumes grave character after a certain period by continual pondering over some supposed wrong which creates the mischief to make him violent in order to retaliate the grievance. The nervous force by continual meditation for making mischief assumes disproportionate intensity over which the criminal at last loses control. It can not be denied that this state of hypersensibility is his own creation. Like hysteria, the mental diseases depend on imaginary wrongs, and if not controlled assume grave character.

The criminal should be held responsible for aggravating his malady, which he could have controlled at the beginning of his disease. The loss of criminal responsibility makes him a dangerous character in society which should be controlled by law.

CLINICAL RECORD.

Indian.

A CASE OF ACUTE TONSILITIS.

By Dr. P. L. KUMAR, L. M. S.

About the middle of March 1907, a Hindu child aged about 10 months had been suffering from fever and cough for two or three days. It was a rickety child thin and very pale, several glands of the cervical and inguinal regions were indurated. Its mother had died about five months ago of tuberculosis of the intestines.

The child's temperature was 103°F , it was coughing frequently, and its voice had become hoarse. On examining the throat it was found to be red and both the tonsils inflamed. The lungs were in a catarrhal condition. Prescribed Bell 6th, dose glob. three times a day. Finding no benefit except a slight decrease in the redness in the throat, Hep. sulph. was prescribed the next day. Instead of doing any good it raised the temperature one degree higher. On the fourth day, the child was very weak, the voice almost inaudible, and in a drowsy condition. Now I thought I wanted a medicine which will suit the same condition in an anæmic case as Acon. or Bell. in a plethoric subject and on consulting Clarke's Dictionary of Medicine I found that according to Schussler's therapy, Ferrum Phos. takes the place filled by Acon., Bell., Gels., &c, which correspond to disturbed states of circulation, irritation and relaxation of tissue; that it also retains the leading features of other iron preparations: anæmia, inflammation, induration and enlargement of blood-vessels; great mental and physical lassitude; and that it is suitable to the leucophlegmatic temperament. Hence I prescribed Ferr. Phos. 3rd Trit. $\frac{1}{4}$ gr. three times a day. It brought down the temp. after two doses to 102°F and the next day the temp. came down to 100°F . The medicine was continued for 2 or 3 days more, twice a day and the child became well.

Foreign.

CRATÆGUS OXYACANTHUS.

G. M. WATERHOUSE, M.D., WEISER, IDAHO.

I notice an article in the June *Therapeutist* by Dr. H. S. Lawrence, on *Cratægus Oxyacanthus*. I have had excellent results with this remedy in certain heart troubles. My experience has been mostly in mitral lesions following rheumatism where there is loss of compensation.

I was called in consultation to see a girl, aged 14, who had mitral insufficiency some time after an attack of rheumatism. The attending physician stated over the telephone that the family wanted me to see the case, but he did not expect I would find her alive when I arrived. I found a loss of compensation, her lower limbs swollen from dropsy, and the other symptoms usually accompanying that condition. The usual treatment had been used but without results. I recommended *Crataegus* in five drop doses three or four times daily, which was given her. The dropsy disappeared soon afterwards and she was up attending school in a short time.

I saw her three years after and she informed me that she was as well as she had ever been, could run, climb stairs and attend to her usual duties without any return of the trouble. I had no opportunity to again examine her heart.

The attending physician, seeing the results in this case, has used this remedy in three other cases of a similar nature and with like results.

Another case in my own practice, with similar symptoms, was a young married woman, who had a mitral lesion resulting from rheumatism. There was loss of compensation, the limbs greatly swollen and the abdomen filled. She was nearly ten minutes getting breath enough to talk after climbing one flight of stairs to my office.

I gave her five-drop doses of *Crataegus* three times daily, but on account of the effect she thought it had on her stomach she reduced the dose to three drops and continued it for some time before I knew of the reduction. The next time I saw her, however, she was improving nicely and I had her continue at that dose. The dropsy soon disappeared entirely and without any other treatment and she is now, after three years, well, so far as can be seen.

I saw her a short time ago on the street asked her to go to my office that I might examine her heart again. She accompanied me and I purposely had her climb the stairs as fast as she could immediately examined her heart. I found some regurgitation yet but not so pronounced as before, but I was surprised to find so little acceleration of the heart's action on account of rapidly climbing the stairs. I still have her take the *Crataegus* for about two weeks every two or three months and she gets along, so far as I can see, as though she never had a heart lesion.

I have used this remedy in many other cases and have had the best results in those cases where there is loss of compensation. I had one failure in a case of insufficiency, but did not see the case early

enough to do any good.—The *Homoeopathic Recorder*, September, 1907.

CASES FROM MY PRACTICE.

BY DR. G. SIEFFERT, PARIS.

ANGINA PULTACEA.

Irene M., a girl twelve years of age, had recently taken cold. She came home from school complaining of a violent chill and considerable trouble in swallowing, so that the little girl thought she was gone.

I was called in and found that she had high fever with temperature up to 102° Fahrenheit. The tonsils were swollen, and the whole of the soft palate was very red. At the same time the corresponding glands on the neck were swollen. There was no cough. Only swallowing was peculiarly painful.

I prescribed *Belladonna* 3, C., two drops every two hours. On the following day she was somewhat better. The temperature was somewhat lower, and the swallowing was not quite so painful. On the other hand, I noticed on the left tonsil yellowish-white spot, which next day appeared somewhat greyish. I prescribed for it *Mercurius sol.* 12 in alternation with *Belladonna*. No other spots developed, and on the sixth day everything was again normal.

CHILBLAINS.

In winter we have frequently cases of Chilblains, especially with lymphatic persons. Allopathic physicians usually content themselves with embrocations of warm petroleum or spirits of turpentine. If they do not succeed in this way, they leave the cure to "Sweet Spring." But not every patient is inclined to wait patiently. A working woman lately came to my office, who had been compelled by her chilblains to give up her usual employment. Her hands and feet were so entirely covered with chilblains that I never before in my practice had seen anything like it. Even the ears and the tip of her nose had not escaped these attacks and some of the chilblains on her hands looked as if they would burst open.

She had tried an allopathic physician, but his ordinary remedies had failed to relieve her. So I prescribed *Agaricus* 3, C., two drops of the dilution four times a day, and externally as an ointment a cerate of three grams of the tincture of *Agaricus* with thirty grams of vaseline. In a week all the chilblains had disappeared.

MEGRIM.

This is an illness which chiefly afflicts the female sex, especially during the menses. It is usually accompanied with nervous distur-

bances originating in the sexual sphere and is increased by mental exertions.

Thus an actress came to my office lately, who in consequence of her avocation abused coffee, and with whom megrim set in whenever she should appear on the stage.

I found that she was suffering from anæmia. Her corset was too tightly laced, causing disturbances with constipation and consequent headache. She was unwilling to be closely examined, though she complained of a painful leucorrhœa. So I was compelled to start a somewhat empirical treatment. The patient said that she had come to me with the expectation that I would be better able than her allopathic physicians to cure these attacks of megrim. I prescribed at haphazard *Sanguinaria*. This remedy seemed to me to correspond most closely to the symptoms of which she complained; bilious vomiting with toothache, earache, pain in the limbs, electrical twitches in the head, with chills. The illness also usually appears during the menses. So she received *Sanguinaria* 2 D. in the dilution, eight drops in fifty grams of water, a teaspoonful every hour. I succeeded in removing the attacks and the patient is now inclined to subject herself to a thorough treatment.

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CONSTIPATION.

A German merchant, thirty-five years old, domiciled in Paris, consulted me on account of an obstinate constipation by which he was as it were suddenly seized. He was also suffering from heart disease, originating from articular rheumatism, though he made no complaint as to this.

An examination showed the presence of piles. I felt myself justified to prescribe *Nux vomica* in alternation with *Hamamelis*. But from this I had no success, especially since my patient to whom I had also prescribed clysters with glycerine had neglected the prescription.

I then tried *Collinsonia Canad.*, but again in vain since my patient omitted the use of the clysters, and secretly as he had been accustomed to do before, used laxatives, as he finally confessed because this seemed to him easier than the use of clysters. He would not trouble himself with sitz baths, and these did not seem to be fully indicated owing to his piles. But now his liver troubles became more prominent. The skin became yellowish, and a closer examination showed a considerable congestion of the liver. I warned the patient and gave him to understand that there was

no time now to make sport of the treatment. He promised to obey, and now attended regularly to the clyster.

I prescribed *Ignatia* 1. in the dilution, giving two drops in a teaspoonful of water, one hour before breakfast and before supper. Of course this was combined with a suitable vegetable diet. On the second day of this treatment, which was conscientiously followed by the patient, the discolorization of the skin had already become less. In four days the yellow color had altogether disappeared and the excretive functions had again become normal.

COLIC.

Colocynthis is one of those remedies which is not so frequently used, but it gives remarkable good service.

A servant girl has taken cold from washing. At midnight I was called in. The patient complained of unendurable colic; she was doubled up forward, had cramps in the calves with violent urging to stool and to urinate.

The lady of the house thought that it might be peritonitis or appendicitis. The master of the house even thought of cholera, although there was neither vomiting nor discharges and the painful colic was the only prominent symptom.

I prescribed Priessnitz compresses on the abdomen and every two hours a drop of *Colocynthis* 1. Next morning all was assuaged.—*The Homœopathic Recorder*, September, 1907.

CURES OF ANIMALS.

1. Jan. 9.—Laumann's cow had a calf a week ago and the after-birth had remained behind: 1., 3. *Sabina*; *Secale cornut.* every 24 hours. Cured.

2. Jan. 12.—Sieveneck's mare, restlessness from desire for the horse: *Platina*. Cured.

3. Jan. 15.—Mennemann's horse (it had received on Dec. 11 last on account of glanders, with sore throat, which had lasted eight months, and was worse in the evening, *Belladonna*) was now considerably improved, only in the evening there was still some coughing: *Hepar sulph. calc.* Cured.

4. Jan. 22.—Kamper's horse has been broken-winded for nine months, worse from getting cold: *Arsen.* Cured.

5. Jan. 25.—Reer's colt had inflammation of the throat from which its mother had also suffered: 1. *Aconitum*; 2. *Bellad*; 3. *Hepar s. c.*, every twelve hours. On the 31st of January, much better, but it now has glanders with a sharp secretion from the nose: *Arsen.* Cured.

6. Jan. 28.—The cow of the pastor of Altenberge is *bloated* and has no *appetite* at all; she has on that account received *Chamomilla*. I gave 1. *Nux vom.*; 2. *Arsen.*, every two days, with slight improvement. Jan. 30. There is a loud cracking of the joints and continual rubbing, owing to itching of the body: *Sulphur*. Cured.

7. Jan. 31.—Bruening's mare has been *lame* for two weeks, from a swelling of the coronet: *Lachesis*. Cured.

8. Feb. 10.—Eilker's calf has been quite *lame* for several days, and now it is not able to stand up; worse in the evening: 1. *Nux vom.*; 2. *Bryonia*, every two days. Cured.

9. Feb. 14.—Schröder's cow, after having a calf, the *after-birth* is delayed: Q., 3. *Sabina*, 2. *Secale corn.*, every twelve hours. Cured.

10. Feb 16.—Kinnebrock's pigs have a white diarrhoea: *Mercurius* in two doses, one for every four pigs. Cured.

11. Feb. 23.—Twenhoever's hog had "dropping out of the bristles" around the neck and had quite lost its *appetite*: *Arsen.* Cured.

12. March 7.—Werlemann's cow had born a dead calf, and the *after-birth* stayed behind: 1. 3. *Secale corn.*; 2. *Sabina*, every eight hours. Cured.

13. March 9.—Sudhoff's pigs have for some days been ailing with *white diarrhoea*: *Mercurius*. Cured.

14. Nettmann's horse had received *Thuja* for *worms* on the 11th of July, 1862, and had since then been well. On the 10th of March the ailment had returned: *Sulphur*. Cured.

15. March 11.—Luelf's horse has been *broken-winded* since two months, with cough and a very hot temperament: *Nux vom.* On the 24th of March it was improved, especially the cough, but the asthma was still present, though in a less degree: *Arsen.* April 15. The cough has returned and now it comes more while at rest after feeding: *Pulsatilla*. April 28. Now the cough is worse in the morning: *Nux vom.* May 23. Much improved, but the cough is still there and there is mucus from the nose: *Pulsatilla*. June 2. The cough comes but rarely, but the mucus from the nose, which now is corroding, is increased: *Arsen.* Cured.

16. March 14.—Samson's seven year old horse is asthmatic: *Arsen.* April 3. Much improved, and only shows its ailment when starting out: *Thuja*. Cured.

17. March 24.—Luelf's mare for the last two years has had, in spring, *itching* and *loss of the hair*: *Sulphur*. April 28. It was better but now it starts in again: *Thuja*. May 23. Not improved by *Thuja*, and is much tormented by flies: *Sulphur*. June 2. Neither was there a success this time, and it *bleeds* where it rubs itself: *Mercurius*. This finally effected a cure.

18. March 26.—Strobaud's cow after calving has violent (pyer-peral?) *fever*, the *milk stopped*, and there was trembling: 1. *Aconit.*; 2. *Cham.*, a dose every six hours. March 27. The milk has come back, but now she is paralyzed in her whole body, so that she can neither stand nor eat: *Pulsatilla*. Next day she was quite well.

19. April 11.—Heissing's horse had a *sun-stroke*: *Helleborus*. Cured.

20. April 25.—Borgert's gelding, afflicted with the quiet *staggers*, only in the stable, with trembling: *Pulsatilla*. Cured.

21. May 7.—Kriesekamp's horse, *inflammation of the left eye*: 1. *Arnica*; 2. *Bellad.*, one dose every other day. Cured.

22. Gr. Schuermann's horse is again *asthmatic*, after it had been cured from it last year on July 26, with *Nux vom*, and on August 19, with *Bryonia*; now on the 16th of May this year it received *Arsenicum*, which had to be repeated on July 25. Since then it has been well.

23. Waltermann's mare had been cured on October 13, 1862, from an old *eruption* in the *mane* and *tail*, with *Sulphur*. This eruption reappeared on May 17: *Sulphur*. Cured.

24. May 19.—Cildeg's cow, after having a severe calving, had *retention of urine*: *Arnica*. May 21. She now has *diarrhœa* and a *swelling* on the lower part of the belly: *Sulphur*. Cured.

25. May 21.—Baronet v. Twickel's mare was lamed after getting wet while perspiring. She had been treated with Gunther's remedies according to Gunther's directions. She received *Rhus*. May 26. Without success; when she starts to walk, her paralysis is worse: *Arsenicum*. June 21. On this she got much better, but there is still some lameness, when beginning to walk and also afterwards: *Arsenicum*. Cured.

26. May 21.—Hoelling's cow had a calf two weeks ago, and since then she is lame and does not eat: *Pulsatilla*. Cured.

27. May 20.—Wolmer's mare has *itching* in the *tail* and the *mane*: *Sepia*. Cured.

28. May 29, June 3.—Several animals, horses, cows and hogs were bitten by a mad dog: 1., 3. *Belladonna*: 2. *Hyoscyamus*, one dose every five days. They remained well.

29. June 5.—Bolten's yearling *heifer* and *hæmaturia*: 1. *Ipecacuanha*, 2. *Nux vom.*, once a day. Cured.

30. June 9.—Stegemoeller's cow is *constipated*, *bloated*, and *quite lame*. The veterinary surgeon has given her up: 1. *Nux vom.*, 2. *Puls.*, every twelve hours. June 10. Improvement, but a severe *prolapsus of the rectum*: 1. *Ignatia*, 2. *Nux vom.*, every twelve hours.

31. June 10.—Milte's *mare* has become *asthmatic* and *coughs*, (after receiving a medicine from the veterinary surgeon): *Arsenicum*. June 27. Considerable improvement, but she has grown worse again: *Thuja*. July 9. Almost wholly restored but she still coughs: *Arsenicum*. Cured.

32. June 16.—Schening's four pigs have the hog's disease; their hind quarters are paralyzed and they drag their hind legs after them; total loss of appetite: 1. *Ran. scel.*, 2. *Spongia*, 3. *Arsenicum*, one dose every four days. July 9. Very decided improvement. 1. *Ran. scel.*, 2. *Sulphur*. Cured.

33. June 17.—Hermann's *bullock* has first *hæmaturia*, then obstinate *constipation*: *Nux vom.*, every twelve hours. Cured.

34. June 20.—Borchert's three *cows* and one *calf* were bitten by a mad cat; every animal was given 1., 3. *Belladonna*, 2. *Hyoscyamus*. There were no ill consequence, they remained healthy.

35. June 27.—Hermann's *cows* had *hæmaturia* since this morning: 1. *Ipecac*, 2. *Nux vom.*, every twelve hours. Cured.

36. July 1.—General v. Hobe's *saddle-horse* had been *shoulder-shotten* for ten weeks on the right side and several veterinary surgeons had been called in without success: *Arsen.* July 26. Strikingly better and only becomes lame a little when trotting on a pavement or on hard ground: *Arsenic.* Aug. 11. As good as cured but as a caution: *Thuja*.

37. July 21.—Leppermann's *cow* was seized with the malignant *mouth and hoof diseases*: 1. *Arsenic.*, 2. *Thuja*, one dose every three days. In eight days she was perfectly restored. During the last years there have been several such cases here, which were quickly cured in the same way.—The *Homœopathic Recorder*, September, 1907.

OXALURIA:

By R. F. RABE, M. D., Hoboken, N. J.

This is a condition frequently met with, but to be diagnosed by a microscopic examination of the urinary sediment only. Numerous crystals and even concretions of calcium oxalate are to be found under the microscope. A high specific gravity of the urine, together with a faint trace of albumin and a few pus corpuscles and kidney epithelia, may also be found, and denote an irritation of the kidney structure. Certain fruits, such as bananas, oranges, berries, etc., are credited with the ability to cause this state. Subjectively neurasthenic symptoms of uniform occurrence are present. Of these mental depression, irritability and back-ache are quite common. Remedies said to be of use in this abnormal state are, Oxalic acid, Calcareo oxalica, Kali sulphurica, Nitro-muriatic acid and others. Of course the symptom totality must be the sole guide, hence any remedy may be required.

The following case is interesting: Dr. M., age 29, veterinary surgeon, powerfully built, inclined to obesity though very active, for some time had complained of lack of ambition, backache and mental depression.

He became averse to social intercourse, always tired and out of sorts.

Could not take any interest in his work of which he is usually fond.

Strangely enough his symptoms were worse every other day. Habits excellent.

Physical examination negative. An examination of the blood showed no malarial parasites or other abnormality. Hemoglobin normal. He had had intermittent fever years ago, suppressed by quinine, still later a recurrence of a severe remittent fever, this time treated homeopathically and cured by *Arsenicum album*. Hence the absence of the plasmodium malariae was not surprising.

Accordingly he was given one dose of Nitromuriatic acid, 500 (Skinner), with immediate improvement and prompt cure. No change in diet or habits was made.—*The Medical Advance* September 1907.

Gleanings from Contemporary Literature.

STIMULI AND THE ORGANISM.

BY PERCY WILDE, M.D.

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∴ "STIMULUS" is usually defined as "an agent which produces a quickly-diffused and transient increase of vital energy in the organism, or some part of it."

There are few things which cannot be used in such a manner as to cause a transient increase of vital energy, and employing the word in its widest sense, the subject may appear too large for the limits of a brief paper. But I shall restrict myself to general principles and merely outline a great subject. When we say that a stimulus produces an increase of energy, do we mean that the stimulus supplies a force capable of being translated into vital energy, or is the increased energy the result of an effort of the organism to resist the action of the stimulus? In other words, Where does the energy come from? In which direction is it going?

The number of agents capable of being directly translated into vital energy is small. We may omit the energy derived from food in its last stage of assimilation, and also that of the oxygen taken from the air, because this is practically locked up on delivery and is only issued to meet requirements. As free forms of energy we have heat, light, mechanical friction and electricity in some forms. We have also certain compounds existing in such a chemically active state that they are readily converted into energy, *e.g.*, alcohol, nitro-glycerine, ammonia, aconite, hydrocyanic acid. Also the active principle of certain animal extracts, of which thyroid gland may be taken as an example.

Apart from these we must classify all agents, including food prior to the act of assimilation, cold and drugs in their crude form, as bodies only capable of producing vital energy by exciting the resistance of the organism.

The classification is not complete, because whether a particular agent belongs to one class or the other depends upon its physical state. There are also probably some drugs of which an infinitesimal part of a dose becomes chemically active, while the remainder acts as a physical stimulus.

But we may content ourselves with the broad distinction at this stage. When we find such powerful drugs as morphia, iodide of potassium, arsenic and antipyrin, pass out of the body chemically unchanged, we cannot assume that any form of energy which results from their action belongs to them. They can only act as physical stimuli.

For the lack of better words I will designate those stimuli which directly increase vital energy as "co-stimuli" and those which excite

its resistance as "anti-stimuli". The direct action of stimuli can be most conveniently studied by observing the effect they produce upon the capillary blood-vessels, not only because such effects are visible to the naked eye, but because contraction and dilatation of the capillaries are an exact index of the vital activity of the organ or tissue they supply. The heart is merely a pump, the arteries pipes, which convey the blood to the capillaries; it is here that all these changes take place upon which vital energy depends. Experiments will show that all stimuli which are not forms of energy contract the capillary blood-vessel. In fact, we may provisionally define all agents which contract the capillaries as anti-stimuli, all agents which dilate the capillaries as co-stimuli. This gives a definite basis to our classification.

As a type of anti-stimuli "cold" is an example, because it is universal in its effects and most rapid in its action. There is hardly an organ or function of the body which cannot be stimulated by the skilled application of "cold." When cold water is applied to the skin the capillaries contract. Within a short time after its application they dilate. Why does this happen? The physiologist explains the contraction of the capillary as the result of stimulation of the vaso-constrictor nerves, their dilatation to exhaustion of these nerves or sometimes to the stimulation of vaso-dilator nerves. The therapist tells us that all drugs have a primary and secondary action, the first being the opposite of the other. With these statements before us it should not be difficult whatever a stimulus does to give an explanation of it. But when we come to close quarters with no desire to shirk the issue, it is not quite so easy to explain the result of experiments. For instance, if cold contracts the capillary because it has stimulated a vaso-motor nerve, it should be only necessary to continue the application of cold to exhaust the nerve and cause the capillary to dilate. But this result does not happen. The blood-vessel remains contracted so long as the general application of cold continues. If we apply cold to those lower organisms, which consist of one cell and have no nervous system at all, the same contraction takes place. If we take a probe and press it firmly upon the skin we can write a name or draw a design in red lines upon it because the dilatation of the capillaries corresponds exactly with the point of stimulation, it has no relation to the area of the distribution of a nerve. This tends to shake one's confidence in the view that a capillary contracts because of the stimulation of a vaso-constrictor nerve.

Another fact that appears worthy of notice is that the capillary blood-vessels possess no nerves and have no nervous connection. Before we can accept the view that cold stimulates a vaso-motor nerve, we must persuade ourselves that cold is a form of energy, but as cold represents the abstraction of energy and is a universal depressant of all organic life, it cannot stimulate anything.

Why does the capillary contract? The capillary blood-vessel is built up of protoplasmic cells joined together at their edge to form a tube. Each of these cells contains about a thousand molecules in a continued state of activity and in loose association. Wherever in Nature we find such groups of molecules we observe that they expand under the influence of "heat," and contract under the influence of "cold," that is to say, that when energy is added the molecules fly farther apart, and that when it is subtracted they draw closer together. This fact can be instantly demonstrated. If the finger is placed upon the bulb of an air thermometer no sensation of cold is experienced, because the thermometer is at the temperature of the room, but instantly the fluid in the tube rises, showing that vital energy has been abstracted from the body, and that this has been converted into the physical energy which causes the water to rise in the tube. The beautiful mechanism by which the capillary blood-vessel is built up of cells which are nearly as sensitive to change of temperature as the bulb of an air thermometer, and from precisely the same cause, has never been properly represented by physiologists, because they start with the conception that every action and function must be explained through the nervous system.

Not only is the capillary blood-vessel unconnected with the nervous system but each cell in the capillary wall acts as an independent unit. At any point a portion of the tube may be contracted or dilated without reference to the other parts. It is for this reason that the point of expansion or contraction always corresponds with the point of stimulation.

The importance of this arrangement to vitality does not appear to have been considered. If the functions of the capillaries, which are the source of nutrition and vital energy to the tissues, were dependent upon an intact nervous system, paralysis of a limb would be followed by immediate gangrene. As it is, a limb may have all its motor and sensory nerves completely destroyed and the capillary vessels continue their work unchecked, responding to every stimulus, and setting up, if necessary, all the complicated processes of inflammation. When we once realise that the contraction of a capillary blood-vessel represents an abstraction of energy and not the stimulation of a nerve, we shall understand why we associate pallor of the skin with shock, sickness and death, and the opposite condition with robust health. We shall also realise that drugs are not agents which impart their energy to nerves and so stimulate them, but that they are direct depressors of the tissues upon which they act.

I have so far drawn only one side of the picture. It is because cold is a universal depressant of all organic life that it is so valuable a stimulus, for it is impossible to contract the capillaries over any area without raising the pressure of the blood in the arteries, and without stimulating the heart to increased action. Cold causes an increase

of vital energy by exciting the resistance of the organism. It is to this same resistance set up by drugs, by abstracting energy from the parts upon which they act, that they owe the action attributed to them. • We know nothing of the direct action of drugs, we only know them by the symptoms they produce, and these always represent the resistance of the organism to their action or the failure of this resistance. This is equally true of the symptoms of disease. •

I wish to make it clear that I am not trying to give expression to any law peculiar to therapeutics. It is necessary to the performance of the functions of the body that there shall be an ever-varying series of vital energy in different parts of the body. The digestion of a piece of food may be taken as an example. From the moment that piece of food is placed in the mouth, it is subjected to all kinds of chemical and physical processes, which have the result of making it pass through the alimentary canal and become disintegrated in the process. I hold that the whole of these processes are set in motion because the food is an anti-stimulus, which, by abstracting energy from the tissues with which it comes in contact, excites the resistance of the organism. I have strong doubts about the elaborate system of telegraphy which the physiologists describe as necessary before the simplest function can be performed. The arrangements of the body are so perfectly conceived for automatic increases and decreases of function that it seems unnecessary, but this is only a passing remark.

That it should be a normal arrangement of the organism that it is necessary to depress the vital element in order to excite an increase of energy is in complete accordance • with all natural laws. We are too apt to regard the organism as if it were a field of corn, to be swayed hither and thither by the forces brought to bear upon it. It may be better compared to an ever-flowing stream, the energy of which is concealed by its placid surface. If we wish to increase the energy of this stream at any point, if we want to convert its energy into mechanical work, we can only do it in one way, that is, by opposing • resistance to it. So it is with the current of electricity, we light our rooms by resisting its passage. We convert vital energy into static electricity by opposing resistance to the revolving plates of the Wims-hurst machine. •

Just as vital energy must be regarded as a continuous stream flowing in one direction so must the action of the anti-stimulus be regarded as a stream flowing in the opposite direction, but continuous only during its application.

The view put forward by so many therapeutists and pharmacologists, that drugs have an opposite action in large and small doses must be regarded as the effort to explain observed phenomena by the statement of a physical impossibility. It is the organism to the action of the drug which is described as the stimulant action of the drug. Its true action

is only observable when the dose is large enough to break down that resistance.

But while it is necessary to keep before us a proper conception of the resistance of the organism, we must equally recognise its marvellous capacity to adapt itself to its environment. The term "failure of resistance" must not be taken as the equivalent of "exhaustion." Co-incident with the effort to resist is the effort to circumvent the obstruction and given time, successful circumvention leads to adaptation to circumstances, and the resistance fails. The new condition becomes normal to the organism, and subsequent efforts to change it leads to further resistance. Thus, if a limb is maintained in a contracted condition for a time, the organism not only adapts itself to the condition, but resists all efforts to straighten it. If we use a splint, which exercises gradual extension, there will be a fight between the splint and the muscles lasting perhaps twenty-four hours, and then the limb adapts itself to its new position. Another familiar example is the result of keeping a patient for too long a time in a room at one temperature. The organism so adapts itself to this condition that the slightest change of temperature may involve the patient in a severe chill. In this case, if cold water be applied to the surface of the skin a small part at a time, until the whole body has received an application, there is an immediate rise of temperature of 1° F. If the application is repeated daily the patient's power of resistance is speedily recovered. Here we are obliged to momentarily depress already depressed vital units in order to arouse the organism to resistance. It is typical of the way in which we must use all anti-stimuli for curative purposes.

We have to ask ourselves what agent will produce in the healthy organism symptoms similar to those from which the patient suffers. When we have found it, we have the remedy which will either assist the resistance of the organism or arouse it to action. But there is one thing sometimes forgotten, the resistance of the organism or its failure does not always produce symptoms, that the symptoms present may not be directly due to the disease, but to a chain of circumstances which have followed it. There is something left, therefore, for the intellectual capacity of the physician. The habit of the organism of adapting itself to conditions which do not threaten its existence must also be taken into account. We have often to think, not what the organism is doing, but what it *might* have done, and has done in other cases. We must free ourselves from those narrow interpretations of a natural law which spring from the difficulty of grasping it in all its fulness and flexibility.

Thus the action of strychnia is to paralyse the spinal cord. When we find a patient whose debility depends upon a failure of power in the spinal nerves we can, by giving strychnia in dose of $\frac{1}{100}$ gr., excite the resistance of the spinal cord, and the result is a tonic action. But

the patient may have an undue excitement of the spinal nerves. This is due to the resistance offered by the nerve centres to a condition of exhaustion. We can, now, by giving strychnia in doses of $10,000$ gr., or $100,000$ gr., assist this resistance, with the result that strychnia acts as a *sedative*. We cannot increase this effect by raising the dose, we should only diminish it or produce aggravation. But instead of assisting the organism in its act of resistance we may elect to use strychnia in its chemically active form to supply energy to the spinal cells, and so remove the cause which has set up the resistance. In this case we must use strychnia in a high dilution, because in no other form can it act as a co-stimulus.

CO-STIMULI

While all our "tonic" drugs are agents which produce their effects by depressing the vital elements upon which they act, those agents which are forms of energy are chiefly known by their sedative or depressing effects upon the organism. As Co-stimuli dilate the capillaries, they, of necessity, lower the blood pressure. The greater energy they excite at the point of application, causes a diminished energy at other parts. While larger doses of an anti-stimulus excite increased efforts at resistance up to a certain point, the only answer of the organism to over-stimulation by a form of energy is exhaustion. The action of co-stimuli can best be illustrated by a few examples. If we lightly stroke the palm of the hand with a feather we shall cause the capillaries to contract, and the sensory nerves to become highly excited--the feather has simply abstracted energy from the surface. If we now rub the skin briskly, so as to raise the temperature, the capillaries dilate, and the titillation of sensory nerves is soothed.

This simple experiment proves that sensory nerves are excited by the abstraction of energy and soothed by the addition of energy. This explains why the patient persists in scratching the irritable skin, and why heat soothes pain.

If we take a case of brachial neuralgia, the persistent pain is due to loss of energy in the nerve. If we apply friction to the trunk of the nerve with the fingers we can distinctly convey energy to it, and relieve pain. If we repeat such applications daily the pain is permanently removed. But if we continue the act of friction a little too long, on one occasion we shall not only set up pain which will continue for some time after the manipulation, but may cause an exhaustion of the nerve that it may take a long time to recover from.

Heat, like friction, cannot be regarded as a form of energy until it has raised the temperature of the tissue upon which it acts. Its effect when applied only a little above the indifferent point is to relax the capillaries without exciting any act of resistance. We call conditions of the atmosphere which set up this state of things "relaxing."

When we apply heat at higher temperatures we at once raise the energy of the tissues upon which it acts to their highest level.

The value of heat as a therapeutic agent, apart from its power to soothe pain, is as a means of assisting the organism in its efforts at resistance or for artificially exciting such acts which the organism might do so with advantage, but fails us. As an instance of the first we may take the process of inflammation, which is a form of resistance in which the organism is frequently very tardy and inefficient in its performance, and of the second, we may take a chronic rheumatic joint, which remains chronic, because its organism will not set up that active resistance which is necessary to its cure.

The organism has the power of resisting the action of heat so far as the accumulation of heat in the body is concerned, providing the skin is healthy and surrounded by dry air, but by altering these conditions and checking the radiation of heat from the body we can produce artificial fever. When, many years ago, I brought forward the view that fever was one of the most powerful therapeutic agents we possessed, it did not meet with a very favourable reception. To-day I suppose no one will contradict the proposition and yet there are few physicians who make practical use of it.

Fever is the only resistance which the organism can offer to most toxins or to the products of its own secretions when they take on a chemically active form. It is rarely that the resistance of fever which the organism offers is sufficiently vigorous and complete. Especially is this noticeable in rheumatic fever. Not only can we help it considerably by daily doses of fever artificially induced, but this proves the most efficient antipyretic. The subject is too large for discussion here, although it is necessary to mention it.

While it is easy to cause a temporary rise of the body temperature, we have no drugs which will raise one that is persistently sub-normal. I am speaking of a permanent rise. Alcohol given with the food is the only agent which will do so in the majority of cases. On the other hand, this form of energy when given to a patient whose temperature is normal and in excess of what can be utilized in the system, dilates the capillaries and lowers the resistance to cold.

In the discussion on this vexed subject it does not appear to have been considered that alcohol, being a direct form of energy, has all the advantages and disadvantages of agents of its class, and must be considered in relation to the individual and his actual condition.

Thus raw beef juice contains iron in a chemically active form. If we give this to a patient who has a deficiency of 30 or 40 per cent. of hæmaglobin in his blood, no symptoms are produced and there is a great improvement in his general health. If we continue it after the hæmaglobin has gained its normal percentage, it will cause anorexia and a general feeling of fatigue. If we give thyroid extract in a case of

myxedema in dose sufficiently small to meet the requirements of the tissues, we have nothing to notice except the cure of the symptoms, but if we use too large a dose, there will be exhaustion and heart failure and even death may occur; yet, if the value of thyroid extract depends upon iodine in a chemically active form, as is generally supposed, the dose which causes these symptoms must be infinitesimal.

If we take nitro-glycerine and hydrocyanic acid as types of the few chemically active drugs we possess, we find that they cause such profound effects upon the organism, even in small dose, that we are forced to use them with the greatest caution. If they were used in still smaller dose we should know more of their value as forms of energy. From its effects, I believe aconite to become chemically active after its admission to the body and to be a form of energy. We can perceive its power in dilating the blood vessels even when the most infinitesimal doses have been given and its power to soothe nervous restlessness, which represents a diminution of nerve energy, is evidence of its action as a co-stimulus. In the same way, hydrocyanic acid and nitro-glycerine, like heat and friction, soothe nerves by raising their energy, but an increase of dose gives us an exhaustion of the nerve so sudden and complete as to destroy vitality. The organism, on the other hand, can offer a prolonged resistance to such an anti-stimulus as strychnia.

It is clear that chemically active drugs can only be used to increase energy in very infinitesimal doses. As the only method we have of making a drug chemically active is by infinite dilution, there is not much risk on this account. But it is a fact of common observation that "aggravations," as they are called, occur much more frequently with these extreme dilutions than when the crude drug is employed.

When we speak of making a drug chemically active by dilution, it means that we have to place its atoms in such a position that their cohesion is overcome and that they are held asunder by the attraction of the molecules of water or spirit with which they have been brought in contact by vigorous concussion.

This subject has been debated for a century, and yet I have failed to find in medical literature any concrete figures which would help us to a conception of the physical problems involved. We have not the data for accuracy, but it is a question in which an error of a few millions is not of great importance. Thus an atom is estimated to have a diameter of one fifty millionth of an inch. Recent investigations make the unit of energy considerably less, but this figure is sufficient for our purpose. If we arrange fifty million atoms in a row, they will occupy a line exactly one inch in length. To separate these atoms and to overcome their affinity for one another we must place these in cohesion with groups of molecules of water or spirit at least 10,000 times larger than themselves. (I have described the reason for this in my paper "Energy in its Relation to Drugs.") If we now arrange these molecules and atoms alternately in a row, they will

occupy a line 10,000 inches in length. A bottle to hold these dissociated atoms and the molecules holding them asunder would require to have a capacity of rather more than 22 cubic inches. I find that a cubic inch represents 3000 minims of water, therefore a 14 ounce bottle would meet our requirements. This bottle will contain fifty million dissociated atoms, so that a single drop will contain 74,404 atoms.

Now, the particle of matter from which we obtained our original 50,000,000 atoms is very minute. Professor Dolbear tells us in his interesting work on "Ether, Matter, and Motion" that "if we compute the numbers of atoms there will be in the smallest amount of matter that can be seen with the highest power of the microscope, the one hundred thousandth part of an inch, it will be seen that 500 atoms in a row would just reach this distance, and the cube of 500 is 125,000,000, which could be contained in a space so small as to appear like a vanishing point, and the structure or details be utterly invisible." This is not absolutely accurate, because Professor Dolbear takes for his diameter the length of one side of a cube, but as we are dealing with only 50,000,000 atoms, we have sufficient to show that the particle is so minute that a single grain weight of a substance could hardly contain less than one million such particles. If this is so, then we should want a million of our 14 ounce bottles to dissociate the atoms of a single grain weight of a substance. This represents an enormous quantity of fluid as compared with the grain, but it does not alter the fact that there will be still 74,404 atoms in every drop.

To those uneducated in physical science the idea of diluting a grain with so much water appears ridiculous. To the physicist the question is simply this. Given so many thousands of billions of atoms, how much fluid is required to overcome their cohesion and then hold them asunder even in varied temperatures. I have stated the smallest possible quantity.

The fundamental error of all writers on this subject is the conception that matter is energy, and that by diluting matter energy is diminished. The reverse is true, all matter represents energy, but it is energy locked up and useless for all purposes. Dilution is one way of releasing it. Another error is the attempt to express energy in terms of weight. Energy is imponderable. The whole of the electricity in use in this country at any given moment will not weigh a single grain. By diluting matter we diminish its power as an antistimulus or physical irritant. The lower decimal dilutions are only useful to *diminish* the dose of a stimulus. We must proceed to extreme dilution before we can secure chemical activity in relation to the living protoplasmic cell. This is the conclusion reached by the study of molecular physics. Now, it is a curious fact that Hahnemann adopted this system of extreme dilution before the atomic theory was invented, as a result of clinical experience, that it is only as a result of clinical

experience that these extreme dilutions have continued to be used, and the result of this experience is that there is a demand for low dilutions, and for high dilutions, but no demand for those which are intermediate. This is in exact accordance with the results of physical study. We either have to use drugs as anti-stimuli to assist or arouse the resistance of the organism, when we must use a dose in proportion to the effects we wish to produce, or if we wish to use them as form of energy we must use something approaching the sixth centesimal dilution and upwards.

In conclusion, I may say that I have been guided in this paper by a profound belief in the unity of natural law to which physical science gives expression. It helps us to understand more clearly problems which have been much discussed, but never interpreted because the laws which govern all life and all motion have not been applied.—*The British Homœopathic Review*, October 1907.

HOMŒOPATHY AND BIOCHEMY.

By DR. STROHMEYER, FRANKFURT, A. M.

From an interesting article on this subject we excerpt the following :

I will here adduce a few cases of disease and their cure, which may show how well these two methods of cure can be made to agree, and how advantageously they at times complement one another, and how we may at times produce a change in a disease by means of biochemical remedies, which will then enable us to find out the simile, which is not always so easily discovered, and by this means then totally gain the mastery of the disease.

I. Miss E. S., in this city, has been suffering for four years from a moist eczema on both of her hands, and has been treated for it by the most eminent specialists ; she also for a time, following the advice of a Nature-physician, lived almost exclusively on a vegetarian diet, and used the remedies peculiar to that curative method—but all in vain. Her condition alternately improved and was aggravated ; often her condition for five or six days is quite endurable, when suddenly over night a new eruption will appear ; attended with the most horrible itching, and next day her hands will look as if flayed, cracking open here and there, becoming moist, and at times secreting a puriform liquid—preventing the girl altogether from following her business of tailoring. Besides the troubles caused by the eczema she feels in tolerable good health, only her digestion and her stools might be better. The patient is the oldest of five children, is pretty vigorous of constitution, has a fresh and blooming complexion, but from her youth she has suffered from carious teeth, which kept breaking off and becoming black ; a view of her upper incisors still allows us to recognize the type of “Hutchinson’s teeth ;” still there are no other signs of hereditary syphilis. Among the medicines used in her case I find

recorded in my journal: *Sulphur*, *Graphites*, *Arsenicum*, *Dulcamara*, *Mercurius*, *Sepia* and *Natrum muriaticum*. The best results were obtained from *Graphites*, *Sepia* and *Natrum mur*; through their use her condition became more endurable, there was a diminution in the burning, the itching and the moisture—still there was no perfect cure. One day the patient told me that she had for some time been suffering from a slight attack of heartburn, for which she had been taking *Natrum bicarbonicum*, which always helped her; she had not mentioned this before, because she had not thought that this slight ailment had any connection with her cutaneous trouble. But I was of quite a different opinion, and forbade the further use of the *bicarbonate*, changed her diet with especial regard to this ailment and then prescribed Schuessler's *Natrum phosphoricum* in the 6. trit., what would lie on the point of a small knife four times a day. What I had scarcely myself dared to hope for now came to pass, the appearance of the cutaneous eruption became more rare, the moisture diminished, and in the same degree the itching and burning decreased, and in about five weeks the hands were smooth and dry, and have remained so, it is now a number of months. And the heartburn, that also gradually disappeared as the eczema was healed! Prof. Hebra would no doubt have a pitying smile for this cure, and my supposition that there was any connection between the two symptoms; but the gist of the matter is, that several skin specialists—and these gentlemen all follow more or less in the steps of Professor Hebra—had tried themselves on this same case in vain!

II. Mrs. R. H., lately married, brought her anæmia, as is often the case, into her marriage, and can not accomplish the work of her household in the manner she desires. There are continual complaints about headache, backache and pains in the limbs, and her paleness, unhealthy complexion, lack of appetite, and her restlessness and broken sleep at night induced her husband to ask medical advice and to request me to make a thorough study of the trouble. There was no objective disease of any organ to be discovered, but the way to the correct selection of a remedy was pointed out to me by her menstrual irregularity, which had existed ever since her school days, the menses being very sparing and appearing only every five or six weeks, attended with violent colicky pains, chilliness, headache in the temples, and her lachrymose disposition, all pointing to *Pulsatilla*. But as I did not only desire to regulate the abdominal irregularities, but also supply to the system what it needed, I followed an old prescription of the late Dr. Goullon in Weimar, and added to the *Pulsatilla*, *Calcarea phosphorica* in the 6. D. trituration, giving to the patient morning and evening as much of the trituration as would lie on the point of a knife, and an hour before dinner and before supper each time four drops of *Pulsatilla* 6. D. I also directed her to discontinue the use of coffee, tea and alcohol, directing her to use instead plenty of cream, milk, cereal food, vegetables, lettuce, butter, honey and fruit; also to take every evening a sit-bath at 95° F. in temperature, gradually taking it more and more cool, and I had the pleasure to note in a short time a considerable increase in weight and the cessation of all the troubles complained of.—The *Homœopathic Recorder*, September 1907.

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VITIATION OF CONFINED AIR.

The chief causes by which confined air become vitiated are expiration and perspiration. The expired air contains many gases among which carbonic dioxide and hydrogen sulphide are the principal vapours. In order to understand the excess of carbonic dioxide in confined air, it is reasonable to know the composition of the atmospheric air. An ordinary air contains 23.015 by weight or 20.96 by volume of oxygen, 76.985 by weight or 79.02 by volume of nitrogen and at the most 0.03 by volume of carbonic dioxide. It will be seen that the amount of nitrogen is far in excess, more than three times, of oxygen. Aqueous vapour is always present in the air, but its amount varies with temperature. It is comfortable to breathe an air containing 70 per cent. of aqueous vapour. Dry air irritates the respiratory passage, and an air too much saturated with moisture produces the disagreeable sensation of closeness. To be more precise, we differentiate the amount of watery vapour by relative terms. By the *absolute moisture* is meant "the quantity of watery vapour which a volume of air contains in the form of vapour." The *Relative moisture* means "the amount of watery vapour which a volume of air contains with respect to its temperature." The absolute amount of moisture varies with the increase of temperature and diminishes

according to its fall. The direction of the wind, season of the year, and the height above sea level also affect it. The relative amount of moisture is greatest at sunrise, least at midday, very slight on high mountains and greater in winter than in summer and worst during rains. In Lower Bengal, its quantity becomes greater by south and east than north and west winds.

The expired air in normal respiration contains about 4.38 volumes per cent. of carbonic dioxide. In other words, it is about one hundred times more than in the atmospheric air. The expired air contains only 16.033 volumes per cent. of oxygen. A very small quantity of nitrogen is found in the expired air. The slight quantity of nitrogen is supposed to be due to our food being exhaled out of the lungs. It is a residue of the excreta, urine and fæces. This opinion is clinically upheld by observations in persons having foul breath and suffering from constipation. According to Moleschott, in ordinary respiration, the expired air is saturated with watery vapour. The percentage of it falls short during rapid respiration. The temperature of the expired air is warmer than the inspired air. It is about 36.3 C. or 97.4 F., very near the temperature of the body. The fact demonstrates that the heat of the body is kept in equilibrium in consideration of its gain and loss due to metabolism and expiration.

The existence of carbonic dioxide in the blood in two forms has attracted the consideration of physiologists. The unstable or the volatile portion is readily exhaled from the lungs during the process of oxidation. The stable or the fixed portion helps the process of metabolism and is expired as unstable product after performing its work. The production of the stable product is favoured during the process of digestion.

It is said that the vitiation of confined air is caused by the accumulation of the carbonic dioxide gas. Doubt has been raised whether the condensation of carbonic dioxide alone is sufficient to produce the poisonous effect in persons who inhale the vitiated air, or other morbid products are associated with it to render the fatal end. Gradually the fact has been ascertained

that carbonic dioxide is mixed up with hydrogen sulphide and watery vapour and they together produce the poisonous effect. Not only the lungs but the skin also emanates bad volatile products. In 1905, Dr. Paul of the Breslau Hygienic Institute performed experiments which convinced him that the bad effect of the vitiated air tends to produce high temperature of the body by the retention of the heat without giving it out in some form or other. Under normal conditions heat is lost by conduction, radiation and evaporation of moisture as well as by respiration. In crowded or closed rooms the conduction is prevented on account of the high temperature and moisture in the room. Radiation is imperfectly carried for the same high temperature. Dr. Paul came to the conclusion that the unpleasant symptoms caused by the vitiated air could be prevented by the regulation of heat of the body, even when the air was saturated with respiratory products having as much as fifteen per cent. of carbonic dioxide. Without the regulation of temperature the unpleasant symptoms appeared even when absolutely pure air was breathed. The retention of heat could be objectively demonstrated by the rise of temperature of the skin. His experiment proved that the poisons affect the nerves which prevent the radiation, conduction and evaporation of heat from the body.

Dr. H. Henriet of Paris has recently contributed an article in *Revue General des Sciences*. The products of perspiration and respiration give out certain substances known as *miasmata*. According to him, they are the sources of danger. Carbonic acid has little to do with the dangerous symptoms. The vitiated air after being freed from the carbonic acid and mixed with its normal percentage of oxygen is capable of producing serious trouble as somnolence and nausea. Dr. Alfred Gradenwitz in the *Scientific American Supplement*, of September 28, has given a resumé of his researches. It is a well known fact that the expired air contains oxygen, nitrogen, carbonic acid and watery vapour. "If this vapor is condensed a colorless liquid with a slight flat smell, showing a neutral

chemical reaction is obtained. On being distilled together with a base it will give off a gas of strongly ammoniacal odor, being highly alkaline and very soluble in water. When heated with dilute sulphuric or some similar acid, it, however, gives off during distillation acid products showing highly reductive properties. The condensed water coming from the lungs thus contains one or more salts with volatile acid and base."

Then he says: "If water condensed from expired air is dried above sulphuric acid, at ordinary temperature and pressure, a residue corresponding to about 7 grains per quart of water is obtained. This residue appears under the microscope to be entirely crystalline. If heated to 36 deg. C. (97 deg. F.) for 24 hours it will lose 21 per cent., and if maintained at 80 deg. C. (176 deg. F.) 45 per cent. of its initial weight. After being heated to 80 deg. C. (176 deg. F.) certain crystals are found to have disappeared. If this residue is exposed to gas flame,⁶ it assumes a slightly brownish color at some points, thus showing that it contains only quite slight amounts of non-volatile matter, the remainder being of mineral origin. Part of this remainder being soluble in water will give with silver nitrate a white precipitate insoluble in nitric acid and soluble in ammonia thus showing evidence that this portion contains chlorides. The other portion which is insoluble in water, is dissolved entirely in hydrochloric acid, and with ammonium oxalate gives a white precipitate of calcium oxalate."

It follows that the watery vapour contains solid matters about half of which is made up of volatile ammonia salts and the other half of salt probably produced by the liquids of the larynx and the nasal cavities having been exhaled from them.* The ammonia salts generate micro-organisms in bouillon culture.

Dr. Henriet has shown that the condensation of the watery vapour carries all soluble substances of the vitiated air with it, the insoluble gases only escape. The effect is that the condensation favours continuous addition of impurities.

In low temperature of 15 deg. C. (59 deg. F.) condensation and liquefaction easily follow. The liquid drops are deposited in the walls of the room. In high temperature of 26 deg. C. (79 deg. F.), saturation is satisfied with a large volume of expired air. The saturated air takes large amount of soluble matter. The danger of a person staying in the room is that the saturated drops are not only deposited in the walls, carpets and ground floors if uncovered, but also on the clothes of the person inhabiting the room. These drops form the foci for the spread of micro-organisms contained in them. Even after ventilation the bad smell in the room remains, shewing the presence of the organic impurities.

- The minimum temperature which produces physical trouble owing to the deposition of the moisture is called by Dr. Henriet the "critical temperature of the confined air." This seems to be about 25 deg. C. (77 deg. F.). For this reason, in a closed or crowded room temperature below 77 F. should be maintained. The hygroscopic state of the air should also be kept as low as possible.

On the whole, it can be said that the experiments of Drs. Paul and Henriet correspond with each other, though they have travelled in a different direction. Dr. Henriet's experiments are detailed and elaborate in ascertaining the chemical and bacterial impurities. Dr. Paul also performed minute researches coming to the conclusion that the poisonous effects of the confined and vitiated air are due to the obnoxious qualities of the volatile and fixed organic impurities contained in respiration and perspiration. Both of them have come to the conclusion that carbonic dioxide is not the product which produces the dangerous symptoms. The volatile products generally escape after ventilation, but even then the miasmatic effects remain. The fixed products in the moisture produce the disturbance in the human system. The danger is increased by the spread of the diseased micro-organisms in the moisture. Dr. Henriet analysed the source of the poisonous emanation. Dr. Paul ascertained the chief effects of the poisonous properties of the impurities con-

tained in the deposits of moisture and the consequence of the heat being not exhaled from the body by the expired air and perspiration. His experiments shew that by the perverted action of the organic impurities and the heat of the room, the loss of heat by expiration and transpiration is prevented. The consequence is the increased temperature of the skin due to the poisonous qualities. Unless the temperature of the affected person is lowered by perspiration and the loss of heat by the expired air is maintained, sufficient ventilation is unable to mitigate the evils of the combined effects. The ascertained fact coincides with clinical experience. Persons affected with the miasmata manifest high temperature, dry skin, associated with somnolence, headache, nausea, vomiting, and other unpleasant symptoms, though they are placed in free current of air. Therefore, the treatment should be for the reduction of the temperature of the body and it would be an error to rest on free ventilation alone.

SUPPURATION.

(Continued from p. 413).

Asterias Rubens has been successfully used in old ulcers and mammary cancer. Clarke notes: "Ulcers with sensitive edges, fetid discharge."

Aurum Metallicum has proved efficacious in cases of syphilitic and chronic indolent ulcers. Caries and necrosis of bones, generally due to syphilis, has successfully been cured. Inflammation of bones with nocturnal pains has come within its province of useful administration. In short, bones have special affinity for the disease.

Hempel and Arndt say:

"Another remarkable feature of the drug is the curative effect which it exerts upon the ulcerations, swellings, etc., which follow the reckless use of mercury, or which may be produced by the action of the syphilitic poison upon the system. No remedy has a more brilliant record in this class of affections than aurum, and when these conditions are accompanied

by the characteristic mental state, we may prescribe it with hopes of relief even in cases which are apparently beyond the possibility of recovery."

Hughes writes: "But among homœopathists it holds a high place in many of the tertiary manifestations of the disease, especially the sarcocele, the osseous affections, and the cachexia. It does so because the provings have revealed an elective affinity on its part for the organs involved. The bones are affected with burning and boring pain, sometimes especially in the face and feet accompanied by redness and swelling, sometimes—as in the head—with nodes."

The following cases are from Hoyne: "Samuel Murphy, aged four years, has had caries of left external malleolus for a little more than two years. His mother had carried him many miles in her arms, and spent over two hundred dollars on allopathic celebrities. When chancing to pass the Homœopathic Dispensary, on June 28th, 1867, she thought it would be well to leave no means untried, and received a prescription of *Aur. mur.* 30, which so benefited the patient that she continued the treatment. The child is of a very delicate constitution, with a remarkably fine head. The disease could not be traced to any injury. After taking *Aur. Mur.* 30, a powder every second night for one month, he was put upon the 200th potency of the same for two weeks. On the last October the discharge had ceased, and the patient soon commenced to walk. Dr. J. S. Lindsley.

A boy, twelve years old, had necrosis of the right tibia. His mother made the preliminary arrangements for a surgical operation, and dreading the ordeal, concluded by a friend's advice, to try medical treatment. The anterior aspect of the bone was denuded and black for nearly its entire length, and the surrounding soft parts were inflamed and swollen. Soon after using *Aur. Mur.* 200, the dead bone began to exfoliate, and the inflamed parts to assume a natural appearance, and overlap the long cavern. In six months the leg was healed. Dr. J. S. Lindsley."

Aurum Muriaticum has almost those qualities which *Aurum Met.* has. The following case from Clarke proves that in some form of nervous degeneration *Aurum Muriaticum* has been successful to cure the case by producing painless bony inflammation. "Halbert has given *Aur. Mur.* 2x with much success in cases of sclerotic and exudative degeneration of the nervous system. He narrates a case of disseminated sclerosis, the result of a fall; one of exudative localised meningitis; and one of Morvan's disease greatly improved under its use. This patient, a man cook, had hypertrophy of all the fingers. In some of them this had progressed till painless whitlows appeared. Analgesia and anæsthesia were present, and some atrophy of the muscles of the hand and arm. Brachial neuritis appeared to be the causative factor in the case. Remarkable improvement occurred under *Aur. mur.* 2x."

Belladonna has the following symptoms with regard to suppuration: Pustles on cheek and nose, rapidly filling with pus, becoming covered with a crust, ulcers exude only bloody matter, ulcers secrete a purulent and sanguineous matter.

It seems that the indication for the use of *Belladonna* is in those ulcers where there is sufficient inflammatory redness around the ulcers. As far as our experience goes *Belladonna* has rarely been used in ordinary ulcers. It has created good effect in uterine ulcers with congestion or inflammation.

Cadmium Sulphuratum has suppuration of axillary glands. Boils and ulcers are one of its general characteristics.

Calcareo Carbonica has great influence on skin. In unhealthy skin, slight scratching or abrasion produces ulcer; every injury tends to suppuration and ulceration; even small wounds suppurate and do not heal. Ulcers with too little pus.

Calendula has been extensively used in wounds and ulcers. Clarke writes: "Hot calendula fomentations, intermittently applied, are far better than poultices as applications to forming abscesses. If they do not abort the process they favour the maturation and ultimate healing. C. R. Crossby (H. R. XII, 370) gives it internally (in the 3x) as well as externally." Our

experience of *Calendula* is that it can rarely abort an abscess in the inflammatory stage but can limit suppuration reducing its size and contents.

In India, we generally use *Tagetes Erecta*, Gendha (गेंधा) for the same purpose and which suits equally well. *Calendula* is also found in many gardens and it is now extensively cultivated.

Carbo Vegetabilis has the following symptoms: *Pus from ulcer offensive* like asafœtida. Ulcer that had healed broke out afresh and discharged lymph mingled with blood instead of pus, and the place was hard and painful to touch. A place which had been rubbed sore and which was nearly covered with skin again began to be denuded anew and was moist. Painful ulcers with extremities of the fingers and of the toes. Fœtid ulcers, with burning pains, and discharge of corrosive and bloody pus.

Practically, *Carbo Veg.* has been used in ulcers secreting fœtid pus. Externally it is applied in the form of poultice.

Conium Maculatum has blackish ulcers, with sanious, sanguineous, and fœtid discharge, and tingling sensation. Gangrenous ulcers. Ulceration of the bones.

Crotalus Horridus can produce suppuration. After being bitten by the serpent a dog had dysentery but when improving profuse suppuration took place; the abscess opened. Hand and arm spotted like a snake, and remained so all summer, in the autumn his arm swelled up again, gathered, burst, and then all discolouration disappeared. Suppuration, abscess at distance from the bitten part.

Crotalus is a medicine for suppuration after poisoned wounds, or where large extravasation has taken place from any cause. With regard to ulceration Dr. Hayward the prominent prover of the poison writes as follows: "*Ulceration*; especially phagedænic, sloughing, varicose, irritable, bubo, 'soft sore,' mercurio-syphilitic, with offensive discharge, etc., and particularly in constitutions broken down by previous disease or bad living, and in inebriates." These are general hints where *Crotalus* can be used. The sudden suppuration after biting renders help

in cases where collection of pus has taken place after any vesicular eruption or poisoned wound.

Graphites can successfully be used in chronic suppuration exuding fœtid pus. In unhealthy skin, every injury tends to ulceration. Proud-flesh, and fœtid pus, in ulcers, with tearing pains, burning and shooting. Scrofulous and syphilitic ulcers. Offensive odour from an ulcer; scab of ulcer smells like herring-brine.

The special characteristic for which it is generally used is, eruptions oozing out a thick, honey-like fluid. It may be presumed that any ulcer with thick, honey-like fluid can be treated by *Graphites* with benefit. On that basis Hughes suggests as follows: "Dr. Guernsey says that its characteristic symptom here is the exudation of a thin, sticky, glutinous, transparent, fluid from raw places and sores. It probably exerts like Arsenic, a general influence upon the nutrition of the skin, which may lead to varying effects, pathogenetic and curative, according to the subjects of its influence." Hoyne has the following note: "Hard itching ulcers, difficult to heal; tearing pains; discharge smelling like herring-brine, or thin, sanious, acrid matter; proud-flesh in themselves."

Hamamelis has been externally applied in the form of tincture mixed with water with success in bed sores. Practically it has not been used in ulcers internally. It can be said that in sores with bruised soreness, *Hamamelis* should be tried both internally and externally. The successful use of the medicine in wounds rests on that point. It has been claimed that it acts like *Arnica* having that end in view.

Helleborus fœtidus has produced profuse discharge from ulcerated surface by its application. For this reason it should be tried as an external remedy in ulcers having profuse discharge.

Hepar Sulphuris Calcareum or Calcium Sulphide has the following symptoms: skin unhealthy, slight injuries suppurate (Nit. ac.). Ulcer bleeding on slight wiping (Nit. ac.): Putrid ulcers, smelling like old rotten cheese and easily bleeding, with shootings, sensation of gnawing (especially at night), or with burn-

ing and pulsative pains. Suppurations; especially after previous inflammations.

Allen gives the following clinical note: "Hep. is generally indicated by extreme sensitiveness of inflamed parts, as if they were about to suppurate." In another place he says: "General inflammations and blisters, which threaten to suppurate, and in which there are sharp suppurative pains." Hempel and Arndt express the following opinion: "In the treatment of abscesses and of suppurating surfaces, *hepar sulphuris* has been used with good effect. But it should be stated, that these disorganizations are terminations of some anterior pathological process, which, when considered in its totality, may point to and require some other remedy for its cure. The same remark applies to the use of *hepar sulphuris* as an absorbent of the effused fluid in the pleural cavity in cases of pleurisy, for which purpose it has been recommended by leading homœopathic practitioners, and where sulphur, according to the late Dr. Wurm, competes with other remedies.

Clarke has the following: "The one feature which more than any other characterises *Hepar* cases is *over sensitiveness*. It runs throughout the remedy. 'Any trouble occurring on the skin where there is a *great sensitiveness to the slight touch*; patient can't bear to have even the clothes touch the part, or have it touched in any way. Exanthema, like nettle rash sore to the slightest touch. Skin hard to heal; inflammation of; sensitive soreness of,' is Guernsey's admirable definition of this feature as it affects the skin and touch. But the sensitiveness is not confined to touch, there is excess in sensitiveness to the air; patient can't bear the least draught; and if a hand accidentally gets outside the bed-clothes it brings on an aggravation; sensitiveness to noise; to odour. Then again, "The relation of *Hepar* to the suppuration process is very marked. It meets the hectic condition generally and the process locally. I once cured with *Hep. 6* a case of axillary abscess with a large collection of pus. The whole was absorbed without breaking. In an article published in *Minneap. Hom. Mag.*, II. 292, L. P.,

Foster distinguishes between *Hepar, Calc. Sul.*, and *Kali sul.*, in their action on tissues. *Kali S.* acts on the epidermis; *Hepar* on lymphatic glandular system, skin, and respiratory mucous membrane; *Calc. S.* acts much as *Hep.*, only more deeply. ‘*Hep.* acts on abscesses before they open, *Calc. S.* after. Foster cured a lady with *Calc. S.*, high, of ‘several large ulcers in the gluteal region 3 in. in diameter and $\frac{3}{4}$ in. deep, exposing the bone.’ The pain ceased immediately, and the cure was completed in two months. *Calc. S.* is suited to quinsy after it breaks, *Hep.* before.” This distinction between *Hepar Sulph.* (Calcium Sulphide) and *Calcium Sulphate* is more artificial than real.

Hughes says: “The most important application of *Hepar* resulting from its analogy to Mercury is its use in *suppuration*. The power of the latter to induce suppurative inflammation is well known, and its employment in inflammatory states of the organs it influences when matter threatens to form is as obvious as it is successful. *Hepar.* acts similarly (Hahnemann has observed it to cause suppuration of the axillary and inguinal glands), but it goes farther. It will often check suppuration when impending; but when it is inevitable, it has wonderful power in promoting it, and conducting it to a speedy termination. ‘Drs. Allen and Norton think the result dependent on the potencies employed; the higher check suppuration, the lower promote it.’ This has been the doctrine and practice of the homœopathic school for many years; and testimony to its soundness has now been given by Dr. Ringer.”

Hoyne takes the following from Dr. Bayes: “One of the chiefest of all the uses of *Hepar* is found in its power over abscess, its undoubted tendency to rapidly mature pus, and to lead to its spontaneous discharge. I have seen this too often to speak with the smallest hesitancy on this point. I have never seen a whitlow do badly that has been treated with *Hepar*, and I have seen a good many severe cases. The treatment I have adopted is to use the 6th tincture, in frequently repeated small doses, at first from one-third of a drop to a drop; then, if the relief is not speedy, I go to the lower triturations, second cent.

or third dec.; giving it in grain doses. At the same time I use a poultice of one-third linseed meal and two-thirds bread crumbs, and add a tea spoonful of the following lotion; *Hepar* 3rd dec. gr. viii. *Aqua* distillata Ounce iv. Ft. Lotion. I am speaking here of whitlow seen in an early stage uncomplicated by faulty treatment. Abscess now and then occurs near the anus. In Old School practice it is the rule (or was the rule in my Allopathic days,) to open these cases early for fear of fistula. I have seen several of these abscesses since I first practised homœopathy, and they have done well under the following treatment: I give *Hepar* as in whitlow, but if there is great pain give *Arn.*, in alternation for the dull, bruised pain, or if the pain is burning, *Ars.* I apply the linseed meal and bread crumb poultice, moistened with the *Hepar* lotion. Sometimes carbunculous boils occur in this situation. These may be treated constitutionally in the same way; but locally, I have found a solution of the *Chloride of Lime* act better than the *Hepar* lotion. A tea spoonful of the *Chloride of Lime* may be added to half a pint of water—it will not wholly dissolve, but this is of no moment. From a tea spoonful to a table spoonful of this lotion may be added to each poultice. It allays the pain and appears to exert an influence in converting a threatening carbuncle into a simple boil or abscess. In carbunculous boils other remedies sometimes demand our attention, viz., *Apis*, *Sil.*, etc. Under the fever symptoms recorded in the symptomatology of *Hepar*, we find frequent shudderings extending to the top of the head; the hair was painful to the touch; this, with the hectic flush, often characterizes the suppurative stage of abscesses, and will mostly be relieved by *Hepar*. Deep fissures in the palms of the hands, such as we often see in scullery maids, occasionally give way promptly to *Hepar*, given internally or used as a lotion or ointment externally, at the same time."

In another place Hoyne writes: "*Ulcers*, with bloody suppuration, swelling like old cheese; stinging burning of edges of ulcers; little pimples on mouth; ulcers surround the painful

ulceration; mercurial ulcers; every cut or hurt suppurates in scrofulous persons.....*Strumous Suppuration of Joints.*—*Hepar* is indispensable in these affections, either before or after *Silicea*. Profuse sweats day and night; fetid diarrhoea; longing for sour or strong tasting things. Suppuration of middle joint on right index finger, in consequence of an injury. The whole finger became involved in the phlegmonous inflammation, and it was thought necessary to amputate the finger. *Hepar* 30 in water, every three, six and eight hours a tea spoonful, cured in three weeks. Dr. Panin.

General Indications. *Hepar* is especially suitable for scrofulous, lymphatic, and psoric persons, with blond hair and slow character. Also for persons who have taken considerable *Mercury* or other metallic substances. *Nitric acid* should, however, be given, if *Hepar* does not at once relieve."

All these opinions point to one fact, that is, *Hepar* can only act when actual suppuration has taken place. In some cases it can absorb the suppurated material; in others the medicament helps to burst the abscess, so as to let out the collected pus. It should be said that the absorption of pus is generally possible when *Hepar* is administered in high dilution as 30th. In low form as 12th, it increases the quantity of pus so as to produce tension on the wall forming the abscess, and then it helps the bursting of the collected puriform matter.

If it be desirable to re-suppurate the caseous material, which is nothing but the thickening of the pus, then *Hepar* in low dilution should be used. Doubt has been entertained whether *Hepar* in low dilution should be used to help the bursting process. For it increases the quantity of pus and thereby helps the action. If it is necessary to limit the quantity of pus in an abscess, then is it judicious to use *Hepar* to produce the opposite action that is, to increase the quantity of pus? There are other medicines which can perform the same task. I have derived equal benefit by the administration of *Belladonna* 6 dec. It acts in a different way without increasing the quantity of pus. *Belladonna* produces tension

of the wall of the pus-cavity and thereby the puriform matter bursts out of it. It should be said that the propriety of using Hepar for bursting operation is not a safe process, for it increases the quantity of pus. The exudation is increased. The use of Silica etc., after the evacuation of the pus can lessen the exudation. But that would really be undoing the action of Hepar. Whatever fallacy there may be in using Hepar for the bursting operation, it should be said that if that action can be helped by other medicines, then Hepar should be avoided.

(To be continued.)

REVIEW.

Annual Report on the Chemical Examiner's Department, Bengal, for 1906.

Here we have a twelve-foolscap-page report of an important department of the Government of Bengal where one is hopelessly disappointed to find any information save the number of substances examined during the year as against those examined in the previous year. But for the short notes by Rai Bahadur Dr. Chuni Lal Bose on poisoning cases the whole report might have been put aside as positively useless. When the tables have been subjoined there was no necessity of occupying seven pages unnecessarily to worry the reader by referring each time to the tables, and the whole report might have been thus condensed to a still more smaller number of pages, that of five only.

There are cases which require short notes like those on poisoning such as the blood and seminal stains, the animal poisoning and the adulteration of food stuffs. Notes on such cases would be interesting to the public in general, giving them an idea of the nature of crimes and may thus help to prevent their recurrence. But our suggestions will be thrown in the wilderness if the government do not change their view of confining all reports within the magic number of twelve pages.

Statistical Return of the Lunatic Asylums in Eastern Bengal and Assam for the year 1906.

Colonel Wilkie, our much esteemed Inspector General of Civil Hospitals, Eastern Bengal and Assam, is handicapped and only three maximum pages have been allotted to him to write a full report of the year of the lunatics under him and he has conclusively proved that he is not one of them by strictly confining himself within the limit and he has not occupied more than two and an eighth page. The tables subjoined are exceedingly clear and consequently do not require any explanatory notes. The increase of lunatics every year is not a hopeful sign and this is rather a bane of civilization. Notwithstanding the boasted advance of our medical science the treatment of the lunatics are far behind the time. The humane treatment in such cases are far more efficacious than any amount of medicament. But such humane treatment can never be expected when one has to stick to the routine work and to take care of so many patients. The warders, the coolies and other underlings of a lunatic hospital make the cases worse by their ill treatment and thus recovery or even the palliation is removed to a great distance.

Of all the types of lunacy, mania is the most prevalent form and melancholia comes next. During the year under review there were 287 cases of mania and 112 of melancholia in Dacca and Tezpur alone. These are indeed very high numbers indeed and means should be divined to minimise them.

Under the physical causes we find gunja gives us the largest number of lunatics and next to it comes the spirit drinking. The moral causes give a tolerably high number, such as 43 but a short classification under such causes would give us a better insight.

**Meteorological Observations taken at 8 A.M. at the Indian
Association for the Cultivation of Science, Calcutta.**

For the Month of October, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		Humidity.	Cloud.	Rainfall in inches of past 24 hours.
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.		Proportion.	
1	29.865	N	2.9	93.8	81.8	82	Nil	Nil
2	29.873	N	1.7	94.0	81.2	76	"	"
3	29.815	E	3.1	92.0	80.5	76	"	"
4	29.769	N	1.8	91.2	80.0	79	6	"
5	29.717	E	4.5	91.2	80.0	87	8	0.02
6	29.679	N	3.2	88.4	79.0	89	6	Nil
7	29.721	S	2.2	90.2	79.5	87	4	"
8	29.752	S	3.4	94.5	81.0	88	10	"
9	29.770	W	2.5	98.0	80.0	78	Nil	"
10	29.844	S	2.5	93.8	82.0	88	3	"
11	29.903	S	2.9	93.6	80.6	87	6	"
12	29.893	S E	2.2	94.4	78.8	91	4	"
13	29.899	E	2.0	92.7	79.5	87	Nil	"
14	29.881	S E	1.7	90.6	79.7	79	1	"
15	29.852	S E	2.0	91.2	80.3	79	4	"
16	29.825	E	2.0	92.0	80.0	83	10	"
17	29.832	N E	1.8	87.0	73.7	93	Nil	0.45
18	29.838	E	1.0	81.6	79.6	57	"	Nil
19	29.805	S E	1.3	89.5	76.0	83	"	"
20	29.790	E S E	1.5	90.2	76.4	62	"	"
21	29.823	N E	1.7	91.2	75.0	66	"	"
22	29.856	E	1.0	91.0	74.0	89	"	"
23	29.881	S E	9.0	91.0	73.0	84	"	"
24	29.814	S E	1.6	90.0	73.0	85	"	"
25	29.878	S E	1.5	90.5	75.4	91	"	"
26	29.935	E S E	1.8	91.0	76.6	74	1	"
27	29.958	E	0.9	90.4	76.0	76	Nil	"
28	29.980	N N E	2.3	88.5	73.0	70	"	"
29	29.941	E	1.8	86.5	71.0	63	"	"
30	29.903	E	2.2	86.5	70.0	73	"	"
31	29.915	W	0.9	85.0	71.0	73	"	"
Mean	29.842	S S E	2.0	90.5	79.3	80	2	TOTAL 0.47

Remarks: The mean atmospheric pressure of the month of October was 29.842. The pressure was gradually diminishing.

The mean direction of the wind was S. S. E., retaining the character of the South-East wind for the last two months. The mean velocity of the wind per hour was 2 miles. The velocity was gradually decreasing. The mean maximum temperature was 90·5 and the mean minimum was 79·3 degrees, shewing the difference of 11·2 degrees. In comparison with that of the last month, the difference between the mean maximum and minimum was becoming greater. The mean humidity was 80 per cent., it was becoming less than before. The total rainfall was 0·47 inches, shewing a sudden decline. In the previous month it was 10·43 inches.

During the week ending the 28th September, cholera counted 81 victims. In the week ending the 5th October, the mortality came down to 23. During the next week ending the 12th October, it suddenly increased to 39. In the week ending the 19th October, the mortality rose higher and came to 62. In the next week ending the 26th October, it was 75. The cause of gradual increase of cholera could not be ascertained.

The mortality from plague was only 7 during the week ending the 28th September. In the week ending the 5th October it was 12. In the next week ending the 12th October it was 6. During the week ending the 19th October the mortality was 8. In the succeeding week ending the 26th October the death numbered 4 persons. We do not know what reliance can be placed on the report of the week ending the 5th October. Perhaps a few cases of fever were inadvertently added to the list of the dead without sufficient discrimination.

Mortality from smallpox never rose to more than 2 deaths in a week. During the week ending the 26th October, no death occurred from the disease.

Deaths from fever in the week ending the 28th September were 133. In the week ending the 5th October they came to 129. In the next week ending the 12th October the mortality was 138. During the week ending the 19th October, it still rose higher to 146; and in the week ending the 26th October it was 177.

During the month of September the mortality from bowel complaints rose to the highest number 67 in a week. In the month under review the highest number of deaths in a week was 76.

The total mortality during the four weeks mentioned above was 2122 among the population of 8,47,796 persons, shewing an increase of 285 more than what occurred during the four weeks of September. The ratio of deaths during the period was 24·4 in one thousand population. During the four weeks of September it was 27·8, shewing an increase of 4·6 per mille.

EDITOR'S NOTES.

Death From Vaccination.

The *Homœopathic Envoy* for October writes :

"The following letter from Dr. J. W. Seip, of Erie, recently appeared in *The Liberator*:

Kenneth Hall, aged sixteen years, member of the Erie (Pa.) High School, was vaccinated August 29, 1906. While the purulent wound was on his arm, he developed inflammation of the marrow of the skin bone, and after his death, October 10th, his system was full of small abscesses. The doctors reported his death as of osteomyelitis from a foot ball injury. While the writer never upheld foot ball as a proper game for boys under twenty, he did not propose to let the unjust censure heaped by the public and press upon the High School to continue unchecked. A short article from my pen in one of the local papers created such adverse comment that the Board of Education felt obliged to appoint a committee of investigation. With quotations from recent standard authors on Bacteriology, Surgery, etc., the writer convinced the committee that vaccination was the real and only possible cause of death against the strenuous opposition of the five cowardly physicians in attendance."

The above remarks on the creation of pyæmic abscesses after vaccination produces horror. The attempt of the oppositionists to frustrate enquiry is a part of the nefarious game. The boy died shortly after vaccination. The purulent wound was then existing when the multiple pyæmic abscesses took their growth on the arm. Avoiding this evident cause, the medical men on the side of opposition from their inspiration ascertained an unknown and uncorroborated fact--the foot ball injury to be the cause. This kind of prognostication is in accordance with the tradition of the vaccination doctors. The mischief of vaccination is perpetuated and kept up as secret from public view, in order to maintain their trade. We are astonished at the obstinacy of the governments of so many countries, not to believe that the introduction of a poison in the system is productive of evil and not good results. How long this struggle between vaccination and anti-vaccination will last, we are at a loss to surmise. So far it can be said, that truth will come triumphant at last.

Cough remedies worth remembering.

The following suggestions from the *Homœopathic Envoy* of October, speak for themselves :

Ammonium mur. Persistent cough, tickling in trachea or larynx, dry in morning, loose in afternoon and night when it becomes spasmodic, ending sometimes in gagging or vomiting. Stitches in left chest or hypochondrium. Coughs so severe that he coughs up blood.

Ammonium carb. Cough worse about midnight with asthma about 3 A. M., dry cough like a feather in throat, accompanied by a constricted feeling in chest.

Silphium laciniatum. Cough loose, expectorates copiously of grayish mucus, asthmatic breathing, worse at night, copious acid discharges from anterior or posterior nares, causing smarting sticking, sensation in throat and soft palate.

Sanguinaria Canadensis. Marked soreness and rawness in larynx and under sternum, cough paroxysmal, no relief till some mucus is raised, worse at night, stitches in right chest, and hypochondrium. Later in the stage of catarrhal conditions expectoration becomes yellow or brownish yellow.

Rumex crispus. Cough excited by a tickling irritation behind the upper end of sternum, dry, harsh, shaking, excited by pressure on sternum, inhaling cold air and worse at night, great difficulty in raising a small quantity of thick tenacious mucus.

Hyoscyamus niger. Voice husky as of mucus in throat, dry cough, of a spasmodic nature, comes on at night or excited by talking or laughing, during coughing a constricted feeling in larynx. Sensation as if the palate had dropped down.

Yerba santa. The California "Holy plant." Copious quantities of mucus in chest, worse on right side, cough like whooping cough, coming on during dentition in scrofulous children, cough immediately becomes dry after exposure or when a fever develops. Breathing does not become asthmatic like in *Silphium*.

Sticta pulmonaria. Croupy cough during beginning of influenza, oppression of the chest, hard racking cough, with pains reaching from the sternum to spinal column.

Senecio aureus. Loose cough with copious expectoration of thick, yellow, sweet mucus often streaked with blood, rawness

and soreness in chest, especially when accompanied with delayed menstruation, flushes of heat to head and chest, worse in afternoon and night."

✓ Therapeutics of The Throat.

The *Homœopathic Envoy*, of October relates the action of a few medicines which help to clear the throat from many evils. They can be enlarged to a great length, but the present will serve the useful purpose :

"*Ailanthus*. Throat livid, almost purple, swollen ; tonsils prominent and studded with many deep, angry looking ulcers oozing a scanty, fetid discharge ; external neck swollen and sensitive.

• *Alumina*. Throat, great dryness, which induces frequent clearing in the evening.

Amyl nitrate. Choking feeling in the throat on each side of the trachea, along the carotids. The collar seemed too tight, with desire to loosen it.

• *Argentum nit.* Throat feels raw and sore during expiration or coughing. Viscid, gray, jelly-like mucus in pharynx, easily hawked up ; early in the morning.

Argentum met. Thick tenacious mucus in the throat, obliging him to hawk. Rawness, soreness and scraping in the throat. Sensation as if a splinter were lodged in the throat when swallowing, breathing or moving the neck. Uvula and fauces dark red.

Arum triph. Throat sore. Swelling of submaxillary glands.

Asafoetida. Sensation of a ball rising in the throat, obliging frequent swallowing to keep it down, and causing at times difficult breathing.

Atropin. Great difficulty in getting the child to swallow ; each attempt to do so produced paroxysms of suffocation, which appeared to threaten its existence.

Baryta carb. Smarting in the throat when swallowing, but most on empty swallowing. Painful indurated swelling of the submaxillary glands.

Belladonna. Sore throat ; fauces and pharynx deep red, soft palate and tonsils swollen ; swallowing painful, particularly fluids ; speech thick feels like a lump in the throat which induces

hawking; throat swollen outside and sensitive to the touch. Great dryness of fauces and throat. During deglutition, feeling in the throat as if it were too narrow, or drawn together as if nothing would pass properly.

Cantharis. Burning sensation in the throat.

Carbolic acid. Soreness worse on the right side. Hawking of clear, white mucus while in the open air.

Coca. A distinct feeling of swelling of the uvula; difficulty of swallowing.

Cyanide of merc. Throat looks rough; pharynx red and injected. A white opaline layer formed on the columns of the velum palate and the tonsils. Pseudo-membranous inflammation of the throat.

Eucalyptus. Burning sensation, extending to pharynx and œsophagus, with thirst. Excessive secretion of saliva."

The Relation of Insects to the Dissemination of Disease.

The *New York State Journal of Medicine* for September has the following :

"While the chief carrier of the diseases with which medicine is concerned is man, still we are constantly adding to our knowledge of other animals as the vehicles of infection. Attention has been called to the dangers of domestic animals; with their uncleanly habits and their disposition to roam about, carrying disease from one household to another or bringing infective material from the ground or in food into human contact. This is undoubtedly a common agency of infection.

Bergey, of Philadelphia [*New York Med. Jour.*, June 15, 1907], has completed the indictment against insects as carriers of disease. He divides the manner of convection into five classes: Insects may carry disease simply as mechanical agents by the infection sticking to their bodies. Another means is by feeding upon the infective material and passing it with their excreta. They may take the infective material from the blood of one animal and carry it on the proboscis to another. Some of the sucking insects may cause the infective matter to undergo some modification in their own bodies before it is transmissible to another individual. Finally, ~~infectious~~ ^{vectorial} insects may serve as disseminators of disease when the ~~female~~ ^{female} transmits the infective agent to her offspring, which in turn

convey the organisms to healthy individuals. The insects which commonly are concerned in these functions are flies, fleas, roaches, mosquitoes, lice, bedbugs, and ticks.

The diseases which are known to be carried by insects are typhoid fever, dysentery, cholera, plague, tuberculosis, anthrax, sleeping sickness, relapsing fever, filariasis, malaria, yellow fever, Texas cattle fever, and Rocky Mountain spotted fever. Many of us have seen flies on typhoidal excrement and we have also seen flies in the near vicinity, on the food on the table. While we may not have been able to identify the same fly as having been in both places, the possibility of it has been shown in laboratory tests. In the typhoid epidemic in Chicago, in 1902, the disease broke out in a section of the city not provided with sewers. The means of transmission of the disease could not be discovered, until, after excluding all possible avenues of infection, the flies caught in the houses, privies and yards of the locality were examined, and typhoid bacilli were found on these insects.

Ranvier, Hofmann and others have demonstrated tubercle bacilli in the intestinal evacuations of flies, which were found about tuberculous patients, whose expectorations were not properly disposed of. The dissemination of plague by flies and fleas has long been known. Rat fleas have been taken from plague infected rats and found to have the plague organisms in their intestines eight days after being captured. These fleas convey the plague to healthy rats by biting them. The flea does not suffer any illness itself but merely carries the infective agent.

Sleeping sickness, which has caused 600,000 deaths in Central Africa during the past ten years, seems to be conveyed only by the bite of the tsetse fly. Karlinski found that the spirillum of relapsing fever remains alive in the intestinal tract of bedbugs for more than twenty days. The relation of mosquitoes to malaria was recognized by Roman writers long before the Christian era.

It is interesting to observe that in many of the diseases in which scientific investigation has shown a positive relation between certain insects and these diseases, the discovery was preceded for a long time by a general but unconfirmed surmise that such a relation existed. There is no belief or superstition but has some foundation for its existence, and many of our most

important discoveries have been made by following up crude surmises."

The relation of man to lower animals in getting diseases from them is always a difficult question to settle. Knowing full well that flies, fleas, roaches, mosquitoes, etc. will propagate diseases to man, it is difficult to think of any remedy to prevent the occurrence. Having so many insects around us, it is impossible to kill all these little creatures to ensure our safety. Two resources are left to us. The one is to observe cleanliness, so as to avoid contact with them. The other is to destroy the pathogenic micro-organisms where they largely develop. The first attempt comes under our control. The second may prove successful if we can ascertain their breeding ground. In fact the carriers of diseases are not so much dangerous, as their originators.

CLINICAL RECORD.

Foreign.

TWO SEVERE CASES OF GANGRENE HOMŒOPATHICALLY CURED.

By DR. KRANZ-BUSCH, Wiesbaden.

The publication of these two cases may appear justified for two reasons: First, they are, both of them, cases of a specially violent kind, and, secondly, we find in them a peculiarly brilliant confirmation of the action of our homœopathic remedies. The two cases differed in the etiology, the location of the morbid process, the age of the patients, the therapy, etc., but as to the severity of the cases and the extreme danger to life they were almost equally important; for in the one case there was the greatest probability of imminent death as the patient was already at the very brink of the grave, and in the other case a limb was about to be amputated, and there was an almost sure prognosis of a fatal termination.

1. GANGRAENA EE ERYSIPELATE.

Mrs. A. N., seventy-six years of age, was taken sick last October with slight initial symptoms of erysipelas. On the first day there was slight fever with gastric troubles. *Aconite* 3 D. was prescribed, but the temperature quickly mounted to 104° F. and there appeared oppression. Both these symptoms rapidly increased. At the same time the patient complained of lancinating burning pains in the inguinal region, especially in the left side. On examining this part it was found that the skin in the inguinal fold, as well as the larger lip of the pudenda, was red, shining, tense and swollen, in short, it showed the characteristic signs of erysipelatos inflammation. *Belladonna* was at once prescribed in the third decimal, three drops every half hour. Locally, compresses moistened with alcohol 70 per cent. were applied, which have proved to me of excellent service in many cases of erysipelas. The oppression was gradually relieved and the temperature fell, but the general state of the patient was not any the more satisfactory. The fever assumed the character of the asthenic fever, and there was much thirst and restlessness, especially at night, and a disquieting degree of prostration caused me to fear the worst. I now gave *Arsenicum* 4 D. and *Carbo veg.* 4 D. in alternation every half hour, and was glad to see a gradual improvement of the general condition of the patient. The swelling in the part affected with erysipelas increased, however, and developed into an edema of pretty high degree. I now gave *Apis* 5 D. After a few days, before it could be seen whether the swelling had diminished under the influence of *Apis*, blisters formed on the part affected, and quickly increased in size, soon assuming the ominous bluish-red tint. The blisters burst open and the exposed surface was iridescent with the greenish-black color which causes such just alarm. The necrotic process quickly spread,

and with threatening general symptoms there appeared a very severe septic gangrene with dreadful putrescence. The ichor of the gangrene spread such an intense odor that the fearful fetor was perceived at once on entering the house, though the flat in which the patient lived was separated by a double door from the rest of the house. At the height of the disease the following phenomena appeared: On the left thigh, directly along the inguinal fold, there was presented an open sore place, 7·7 inches in length, two inches wide, and 1·2 inches in depth, which secreted a very malignant blackish secretion of cadaverous odor and a smeary consistence in large quantities. After cleaning out the cavity, the tissues at the bottom of it, the muscles, tendons and blood-vessels all lay freely exposed as in an anatomical preparation. To a considerable extent all around, the skin was perforated like a sieve. From these openings there was discharged spontaneously, and still more on pressure, a gangrenous ichor. As far down as the erysipelas had first extended—to the middle of the thigh—a whole series of large and smaller livid spots were seen along the surface. Finally the whole extent of the large gangrenous place, i.e., down to the middle of the thigh along the whole breadth of the limb anteriorly was undermined, in consequence of the necrotic destruction of the sub-cellular tissue, and when the flat hand was passed from below upward to the primary seat of the gangrene with a soft pressure the putrid ichor collected in this pocket was pressed upward, and appeared at the lower border of the large open sore place, as also in the holes at both sides of it. Owing to the threatening condition and the prostration of the strength of the patient, there was but little prospect of keeping her alive. For in view of the extent and the pernicious nature of the process and the advanced age of the patient, a fatal issue in consequence of the inanition which usually sets in was to be expected with much certainty. The external remedies applied, *Acetate of Alumina*, *Aqua chlori*, etc., which were used, could only serve to exorcise the intolerable, penetrating smell and were of little use even for this purpose. But the internal remedies prescribed had a brilliant effect. This was especially the case with *Lachesis trigonocephalus* proved by the past master, Constantine Hering, who introduced this precious medicine into our treasury, which we cannot be thankful enough for. The effect of *Lachesis* (10 D.) could at once be recognized, and the effect was, without doubt, to be ascribed to it alone. As soon as this remedy was used an improvement and a steady, but sure, restoration of the tissues was manifest. The strength was restored; the malignant nature of the gangrene yielded to a milder state which was no more threatening; the bottom of the ulceration became clean and gradually gained a better appearance, as also the large undermined surface from which the putrid fluid, with its ominous color, soon ceased to ooze out. To my great joy there now appeared a fine red basis of sound granulation, at first like islands, then confluent and covering the whole bottom of the sore cavity. Besides *Lachesis* I now prescribed *China*

(2 D. and 1 D.) which is also warmly recommended by Joussot in such cases. Thus the patient was soon out of danger, so that in a comparatively short time she could spend the better part of the day in her armchair. This was of great importance as a hypostatic pneumonia, which, with such aged patients might appear at any time, might have rendered all the work useless even at the eleventh hour. It still took several weeks, indeed, before the large cavity was entirely closed, but the work proceeded steadily, and the old lady, who in spite of her great age is quite vigorous in mind and spirits, now enjoys very good health.

II. GANGRÆNA DIABETICA.

Last February I was called to see a manufacturer, whose wife, as I entered the flat, came to meet me in great anguish and despair and told me hurriedly that her husband had now for some weeks been severely sick and according to the dictum of the family physician and of the specialist surgeon who had been consulted should be operated on next day. The last year a toe had been already amputated, and now the physicians declared that it was absolutely necessary to amputate the foot and indeed at once or he would die. Still she had not been able to make up her mind to it, although both the physicians had told her, that otherwise the patient would have to die soon; so at the last hour she wanted yet to try Homoeopathy. She would give half her fortune if I succeeded in saving the foot from amputation; this is a phrase often used in a sort of ecstasy, and need not be taken literally. I was then taken to see the patient, who had viewed my coming and my sentence with a restlessness and anxiety which may well be comprehended. Mr. P., a large, very vigorous man in the early fifties, could be recognized at the first look as a drinker, and stated that he had for years been suffering from diabetes, and had been seized about ten months ago by gangrene of the little toe on the left foot, and this was amputated. Up to seven weeks ago he had been in pretty good health with the exception of a turbidity of the field of vision, and this in spite of the fact that he had paid but little attention to the prescribed diet, and had steadily consumed quite a quantity of alcohol, especially in the form of strong Rhine-wine and cider, the latter of which he in common with quite a number of his fellow subjects of Bacchus strangely enough supposed to be free from alcohol—a well known salve for conscience. The inspection of the limb affected made it manifest that it was, indeed, a severe case of gangrene. The fifth toe, as stated before, had been excised, and the operation must have been somewhat extensive, for there was a long and deep cicatrice in the sole of the foot, extending half its length. The foot was somewhat swollen and showed a bluish red color, extending almost half way up the foot; the fourth toe was blackish blue, and the third and second toes as well as the lateral border of the great toe were also of a color most ominously dark. These circumstances certainly justified the idea of an immediate surgical operation. I could not promise much from an internal treat-

ment of this difficult case, and so plainly expressed myself to the family of the patient; but I declared my readiness to undertake the case in view of the action of homoeopathic remedies which are surprising in many cases even to ourselves, and which allow us to achieve successes even at times when our own prognosis offers only small hopes. But in order that I might not bear the heavy responsibility alone, I requested a specialist, whom I have learned to value as a strictly conservative surgeon, and whom I gladly consult with, to visit the patient with me next day. While in the case described before, this of the gangrenous erysipelas, a consultation with an operative surgeon would have been to no purpose, as the seat of the malady, high up in the inguinal fold, would have excluded any amputation, and the advanced age of the patient of itself forbade any operation; but here the circumstances were quite different, the patient being a man of middle age, and the locality of the disease being in a limb which could be amputated, and which in all probability would have to be amputated. At our first consultation my colleague had a very doubtful expression on his face, and thought it was not conceivable that anything else than an amputation of the foot could be considered, but still he thought he might give me a short respite, for my trial of combatting the disease with internal remedies, which he regarded as offering hardly any prospect of success. I could read, however, in his face that he was already considering his plan of operation and mentally preparing his instruments in the apparatus for sterilization for the coming operation. But this operation, nevertheless, did not take place, and if it had, experience and statistics plainly show that the operation would have not only meant the loss of his limb but also the loss of his life. At the end of the first week there was a manifest improvement, showing itself in the retrogression of the process, the parts affected becoming of a lighter color, and the swelling diminishing. The astonishment of the surgeon was no less than the joy of all interested in the case. The treatment also in this case began with *Lachesis*, besides which for several days *Arsenicum* was given in alternation. Later also *Secale* was used (all in the middle potencies). Besides this, I had him apply a cerate of *Carbo veg.*, and for a time *Acetate of Alumina* was applied to the third toe, in the final phalanx of which inflammation had settled, which, after the sloughing off of the part affected, healed up. Under this treatment the foot improved from week to week, and in two months the limb had regained the normal color and shape, so that the manufacturer could again go to his factory on foot, which would not have been possible if the therapy first intended had been carried out. To counteract the cataract I prescribed *Uranium nitricum* 4 D. Also in this an improvement was soon to be noticed. But it may be granted that the preceding use of *Lachesis*, *Arsenicum* and *Secale* may have acted on the lens, even before that, for although *Uranium* is to be regarded as the specific remedy in diabetic cataract, still the action of the remedies mentioned, which, in addition to *Syringium jambolanum*, *Helonias*,

Knesot., etc., play so prominent a part in the treatment of diabetes, is indubitable.—*The Homœopathic Recorder*, September 15, 1907.

ACUTE RHEUMATIC IRITIS.

WM. RUFUS KING, M. D., WASHINGTON, D. C.

This case occurred a few months ago, and was for me a rather unique experience. The patient was an old school oculist suffering with the fourth attack of rheumatism, complicated with iritis. Every attack of rheumatism had been accompanied with this inflammation of the iris; he had treated three attacks with moderate success by making a pilgrimage to Mt. Clemens. This last attack was in March, and as usual at the first signs, he went to Mt. Clemens, but failed to receive the usual relief. He reached Washington much discouraged and suffering severe pain. He soon began to have marked choroidal symptoms with scotomata, and became considerably frightened. He was a friend of one of our Washington members, and had become somewhat interested in homœopathy, so that in that way I was called in to help if I could. I found him suffering with supraorbital and ciliary neuralgia. That night he received two powders of *Spigelia* 30. The next day he asked me, "What did it?" The neuralgia went for good. Later he received the red iodide of mercury in the 3rd, every two hours. His improvement was rapid. The local treatment was dilatation of the pupil. He recovered completely in three weeks. The previous attacks had required six weeks to two months. No other remedy was given while I was treating the iritis. Later, he received *Rhus tox.* for general rheumatism. The *Spigelia* was not given at the same time as the mercury.—*Homœopathic Envoy*, September, 1907.

ACONITUM NAPELLUS AND FERRUM PHOSPHORICUM.

BY ARTHUR AVENT. L.R.C.S. AND S. EDIN. &C. &C.

C. B., aged 60, came to me a year ago complaining of hæmaturia. An eminent London specialist had advised against operation, and it was evident from the history that he had had a papilloma of the bladder, which had become malignant. He was passing blood profusely and continuously, and had been given large doses of gallic acid, which had upset his stomach and failed to arrest the hæmorrhage.

Ferrum phos. 6x stopped the loss entirely in a fortnight:

He returned again in six months time and reported that he had kept better for two months, but that then the hæmorrhage had started afresh and had continued ever since. He was then emaciated and cachectic, and obviously in a very bad way. Ferrum phosph. was given again, but had no appreciable effect. Eventually *thlaspi bursa pastoris*, the old-fashioned shepherd's purse, checked the bleeding, but his condition was obviously hopeless, and he died a few months afterwards,

E. H., aged 82.—This patient was complaining of pain in the bladder, with forcing and burning in the urethra. There was constant desire to pass water, which was scanty, burning and dark in colour. She complained of a general feeling of heat and oppression. Her pulse was very slow, hard and intermittent.

Acon. 1x gave astonishingly quick relief to all her symptoms.

R. W., aged 4.—Influenzal pneumonia. This was a very bad case, occurring in a fat, flabby child, and was interesting in that a well-known physician diagnosed the case when at its worst as acute miliary tuberculosis.

She had aconite 1x and baptisia until the fourth day, when her temperature was 104·6°, and her pulse very irregular and weak, obviously not the pulse of aconite. She then had ferrum phosph. 6x and phosphorus 4x in alternation.

The next day her temperature came down to 103°, and her pulse was less irregular. On the second day her temperature was 100°, and from then she rapidly became convalescent.

M. W., aged 16.—Double lobar pneumonia. Temperature when first seen 104°. Under ferrum phosph. and phosph. the lungs were clear in seven days.

I could continue *ad lib.*, but I must spare you. I have used ferrum phosph. in most of the acute fevers, when formerly I should have used aconite, with results which have been uniformly favourable. It is invaluable in the feverish dentition of infants, though I blush to confess that here I often alternate it with bell or chamomilla.

Ferrum phosph. I use in either the sixth or twelfth decimal dilution. Aconite usually the first.—*The Journal of the British Homœopathic Society*, October, 1907.



A CASE OF ECZEMA.

In the *Leipziger Pop. Zeitschrift für Homöopathie*, Dr. Strohmeier, of Frankfort-on-Main, reports an excellent case of severe eczema in a boy of 13, affecting the face and head and neck, abdomen and legs. So extensive was the disease that any movement of the neck was most painful. Treatment had been continued for a long time in vain, and homeopathy was tried as a last resource. Dr. Strohmeier confesses that he began treatment with little confidence of success. *Sulphur* 30 *bis die* for a week produced no change; *Arsenicum* 30 failed equally. Then the mother stated that recently the stools had become very foul-smelling. On this hint *Psorinum* 200 *bis die* was administered. Improvement set in at once. In a fortnight the exudation stopped, and cure was complete in four weeks.—*The Homœopathic World*, October 1, 1907.



Gleanings from Contemporary Literature.

THE PRESENT STATUS OF BACTERIAL THERAPEUTICS.

BY GEORGE F. LAIDLAW, M. D., NEW YORK.

Imagine the scene in a meeting of the American Institute of Homœopathy or the American Medical Association, for that matter, thirty years ago, if a member had extolled the subject of bacterial therapeutics. At that time, bacteriology and even pathology was a thing apart from medicine. The pathologist and bacteriologist were merely tolerated. Now the bacteriologist is coming into his own. Scarcely a meeting is held or a medical journal printed without some consideration of the application of bacteriology to therapeutics. Formerly the bacteriologist literally was our scullion. Now, he is our hero. Formerly, we believed nothing that he told us. Now we are in danger of believing indiscriminately everything he tells us.

ANTISEPTIC THERAPEUTICS.

No sooner was the microbic origin of disease accepted and the power of antiseptics to destroy microbes demonstrated, than remedies arose on every hand with which to kill the microbe and cure the disease. The physician's mail is still loaded with advertisements showing that somebody's disinfectant fluid will kill microbes five minutes sooner than some one's else favorite prescription. The daily press still teems with pictures of the microbes that devour us and the medicine that will surely destroy them. Sickness is always with us and both physician and layman grasp at the wildest notion that promises help in trouble. Like diseases, ideas are epidemic. Fashion in medicine and obsessions of witchcraft by whole communities are of the same nature. In our enthusiasm, we do not exact ultimate results. We require simply that the idea should be in harmony with our prevailing notion. Thus, at the time when the antiseptic craze was prevalent, it was simply necessary to prove that a substance would kill a germ to have it hailed as a panacea.

The alimentary tract, lying most open to attack, felt the first wave of the antiseptic deluge and it was here that the boasted rational therapeutics of Flint and Lauder Brunton led its followers into the mire. Rational therapeutics vaunts its superiority over all other therapeutic systems known to man because it never gives a drug without a physiological reason. Here was an alimentary canal full of proliferating microbes that cause the disease and here was a substance which was harmless to the patient and which would destroy the microbes. What more rational than the antiseptic treatment of catarrhal digestive disorders, diarrhœa and dysentery? So spoke the rational therapeutists in 1887. In the New York Academy of Medicine, Professor Emmett Holt urged the view that medicines curative in summer diarrhœa "depend, not upon their astringent action as we have been taught, but upon their antiseptic effect." This view was endorsed by Professor R. W. Wilcox, A. H. Smith, A. Jacobi and G. L. Peabody.

Impelled by the writings of the Bouchard and Dujardin-Beaumetz, one by one clinicians fell in line and, by 1897, the antiseptic treatment of intestinal inflammation and diarrhœa, rejected in 1885 by *System Medicine* was not only fully established but the teachings of Pepper's intestinal antiseptics were also extended to typhoid fever. Carbolic acid, salol, naphthalin, thymol and resorcin were expected to cure typhoid fever by destroying the typhoid bacilli in the intestine.

The early adaptations of antiseptic therapeutics to tubercular phthisis were both ludicrous and unhappy. The discovery of the bacillus tuberculosis was announced by Koch in 1882. Already in 1883, the French Academy of Sciences was gravely considering Bergeon's treatment of consumption by injecting sulphuretted hydrogen and carbonic acid gas into the rectum. Claude Bernard had shown that sulphuretted hydrogen injected into the rectum was eliminated by the lungs. What more rational than that the carbonic acid gas would be taken along with it and suffocate the tubercle bacilli in transit. Voila tout!

In 1887, the Journal of the American Medical Association devotes two columns to Dujardin-Beaumetz on "*Antiseptic Pulmonary Medication*" and, in 1888, gravely quotes a description of the marvellous "*Antiseptic Lozenges in Lung Disease*" which dissolve in the stomach and were supposed to kill the tubercle bacilli and pneumococci while being exhaled through the lungs. The same Journal warmly endorsed the extreme "*Antiseptic Therapeutics*" of Trouessart and Hurd. Creosote, taken into the stomach and exhaled in the breath, killed the tubercle bacillus instantaneously and we spat out their dead bodies with infinite relief. In vain real bacteriologists pointed out that the intestinal antiseptic never reached the typhoid bacillus buried deep in the intestinal wall and disseminated through the body. In vain, they showed the impossibility of killing a tubercle bacillus buried in the interstitial tissue of the lung. The hunt was up. The call of the wild was in the blood. The poor microbes were hunted through the body with all the chemical antiseptics and electric and X-ray apparatus that could be devised and Burrows carried antiseptics to its logical conclusion in treating blood poisoning by washing the blood itself with intravenous injections of formalin. In 1896, Crede had introduced colloidal silver (collargol) for the same purpose. Misled by the triumphs of antiseptic and aseptic surgery, some of the ablest minds in medical science succumbed to the fascination of antiseptic therapeutics.

We have now got beyond all that. Bergeon himself finally admitted that his enemata did not cure phthisis. At the last meeting of the National Association for the Study and Prevention of Tuberculosis (May, 1907), several speakers endorsed creosote as a good medicine for phthisis, but no one claimed that it would kill tubercle bacilli in the lungs. The antiseptic inhalations endorsed in 1891 by Austin Flint, 2d, as "curative in phthisis" are rejected by Babcock and nearly every one else, in 1907.

The antiseptic treatment of diarrhoea and intestinal infections, which has long been a shining example of antiseptic therapeutics, is crumbling fast. Intestinal antiseptics are no longer expected to cure typhoid fever. In the New York Academy of Medicine, in the same hall where, in 1887, Holt and Jacobi strove for priority in the idea that bismuth cured diarrhoea by its antiseptic power, Herter, in 1906, in his Harvey Society Lecture on bacterial infections of the digestive tract, said, "Most of the so-called intestinal antiseptics do very little good." "I do not feel that the subject of intestinal antiseptics has been developed in a scientific manner. At present, antiseptics are used in an empirical and usually unintelligent way." "Most of the observations have been made without quantitative determination of the putrefactive anaerobes of the feces." At the last meeting of the Association of American Physicians (May, 1907,) Dr. J. Dutton Steele reported his observation on the influence of intestinal antiseptics on this quantity of fecal bacteria and found to his surprise that the administration of bismuth and iodo-naphthol actually increased the number of intestinal bacteria.

probably by irritating the mucous membrane and providing more favorable condition for their growth. He thinks intestinal antiseptics a delusion.

In 1903, Park and Payne proved the inefficiency of Barrows' antiseptic washing of the blood and it is now abandoned by everyone.

Almost the sole survivors of antiseptic therapeutics are the urotropin treatment of urinary infections and the treatment of gonococcus infection with the soluble salts of silver and we know not how long this practice can withstand the crafts and assault of the bacteriologist.

It is to the credit of homoeopathy that the men trained in its schools saw from the beginning the fallacy of antiseptic therapeutics. From the beginning, they saw and expressed their opinion in no uncertain tone in meetings of this and other societies, that the solution of the problem of treating bacterial disease was not to kill the microbe but to strengthen the resisting power of the organism. What was it that gave to these men the insight to see the truth when others were deceived by the antiseptic mirage and saw things upside down; men who had never seen a microbe and whose ideas of bacteriology make a bacteriologist smile? It was not their scientific research. It was not even the greater success of their medicines. It was their training in homoeopathic philosophy.

Austin Flint justly called the introduction of bacteriological methods in medicine "a revolution." In the turmoil of that revolution, homoeopathic philosophy measured itself against rational therapeutics and homoeopathic philosophy won. In the crisis when therapeutic principles were tested against the passing fancies of the hour, rational therapeutics led its followers astray. Not a man of them but has recanted since 1900 his rational therapeutic teaching of 1886 to 1898. Rational therapeutics has proved to be very like a popular definition of orthodoxy. What I think reasonable is rational; what only you think reasonable is irrational.

Let us acknowledge that, in bacterial disease, the homoeopath has remained a theorist; that his efforts to adapt his law to bacterial therapeutics have been few and largely futile; that he is now permitting Professor Wright and the bacteriologists who know nothing of the law of similars and care less to prove his doctrine for him by bacteriological methods; and that he has persistently despised and undervalued the work of the bacteriologist who now bids fair to establish the truth of the homoeopathic doctrine.

Let us acknowledge also that the attitude of the homoeopath has not been based purely on scientific grounds. Undoubtedly much of his sentiment against bacterium-killing arose from conservatism and an almost religious prejudice against anything that would minimize the importance of his doctrine and its remedies. It is a tribute more to the accuracy of his doctrine that headed him the right way than to his own learning or prescience. But when the final account comes to be written and the epithet of pseudo-science so often cast on our doctrine is examined, it will be recorded that the homoeopath alone among the physicians of the civilized world had therapeutic principles that kept him free from the pseudo-science of antiseptic therapeutics.

ANTITOXINS.

With the establishment of the antitoxin principle, it seemed to the uninitiated that the control of all bacterial diseases was in our

grasp. What more simple than to inject susceptible animals with the toxins of every bacterial disease and transfer the blood-serum with its protective antitoxin to the patient? Except in diphtheria and tetanus, these efforts have failed. The amount of antitoxin formed in an animal's blood is in direct proportion to the amount of the toxin injected. The microbes of diphtheria and tetanus are characterized by their power of forming large amounts of toxin and it is a simple matter to secure comparatively large amounts of antitoxic serum. On the other hand, we have been able to extract little or no toxin from the microbes of typhoid fever, Asiatic cholera, pneumonia, tuberculosis or the organisms of suppuration. No toxin, no antitoxin and, for these technical reasons, the treatment of disease by antitoxin is limited to diphtheria and tetanus.

Osler reminds us that there was a considerable period of time after the discovery of diphtheria antitoxin before a serum of high protective power was developed and suggests that we may hope for the eventual development of effective antitoxins for other infective diseases.

ANTI-SERA.

However, antitoxins are not the only contribution of bacteriology to therapeutics. There are the anti-sera, of feeble protective power compared with antitoxins and soon losing this little, even in the laboratory, but still bacteriology's best contribution to the therapeutics of these infective diseases in which the production of antitoxins are still impracticable.

* If you have a case of sepsis due to streptococcus and decide that your usual remedies have little chance of success, it has become the custom to send for some anti-streptococcus serum and to inject it into the patient's blood. In some cases, good results have followed, but there have been many failures. The treatment is based on laboratory experiments with the lower animals which can be inoculated with progressively stronger doses of streptococcus until finally that can be given a very large dose with impunity. Their blood-serum for a time is antagonistic to streptococcus and when injected into another animal renders that animal immune; or if you inject a test animal with virulent streptococci and shortly afterwards inject the anti-streptococcus serum, you will greatly modify or cure the streptococcus disease. These results can be secured in the laboratory with great uniformity and it has been the hope of bacteriologists to repeat this procedure in the sick-room and the hospital.

There are certain disadvantages which have so far prevented a full realization of this hope. Streptococci vary greatly in virulence and nature. If you have in your incubator three culture tubes of streptococci, each taken from a different source, you may immunize an animal perfectly against one variety, but he may be susceptible to one of the other two. Then arose the polyvalent serum taken from an animal that had been immunized against streptococci from three or four sources with the hope that this mixture, like the old shot-gun prescription or the newer combination tablet, would hit the kind of streptococci with which the patient was infected. As we do not know how many varieties of streptococci there may be in nature or how to tell which one is attacking the patient or how to differentiate one variety from another, the injection of anti-streptococcus serum in its present stage is not an exact therapeutic procedure. The same objection holds against anti-pneumonic serum, anti-typhoid and anti-cholera sera.

The anti-sera must be used with caution. The anti-serum itself may be toxic and cannot be used with safety in the large dose and with the frequent repetition of an antotoxin. An anti-serum is not a chemical antidote to toxins, like antitoxin. It is supposed to destroy the microbes themselves. Whether such a serum actually destroys the microbes or merely stimulates phagocytosis is, I think, fairly an open question.

One principle developed by the use of these sera merits attention. This is the importance of the early administration of the remedy. Bacterial therapeutics was primarily a matter of prevention of disease and not of cure. Jenner's vaccination will prevent small-pox is once established, it is not known to be of any value. Prevention, too, was the highest aim of Pasteur. It is probable that his anti-rabic virus prevents the development of hydrophobia; but, when hydrophobia is once established, the virus is useless. So with anti-tetanus toxin. It will prevent tetanus but, when tetanus is fully established, it seldom cures. So with inoculation against anthrax and pneumonic fever. Diphtheria anti-toxin will prevent more cases than it will cure and it is the universal testimony that, to secure its best effects, it must be given in the first twenty-four or forty-eight hours of the disease; and surgeons found long ago that prevention of infection or asepsis was far more successful than antiseptic. The more fully established the disease, the less likely is any bacterial remedy to cure.

There is a suggestion here for homoeopathic* therapeutists. It is possible that we do not prescribe for our cases early enough. It is possible that cancer and tuberculosis, against the full development of which our remedies are admittedly powerless, might be cured in their early stages by these same remedies; just as, in the laboratory, you can absolutely cure a microbic disease in its early stage with a serum that is useless forty or seventy hours later.

TUBERCULOSIS.

The idea of preventing or curing a disease with its own poison is an ancient one. Before the bacteriological era, it was developed almost exclusively by the homoeopathic school or, rather, by an offshoot of homoeopathy, calling itself isopathy.

Suggested by Hering and Gross, isopathy was first clearly formulated as a therapeutic system by J. J. W. Lux in 1833 (Leipzig), in his book entitled "*The Isopathic Theory of Contagions, or Every Contagious Disease Contains in Its Contagious Matter the Remedy For Its Cure.*" As pointed out by Neuburger, the Vienna historian, this is the germ of modern bacteriological therapeutics. Here we see Pasteur and Koch and von Behring and Roux and Wright himself anticipated by sixty years by a homoeopathic veterinary surgeon. Of this book, Neuburger said, in 1901: "Today in serum therapy we see this ridiculed and despised idea triumphant over all others," and it is true. Antiseptics are already forgotten, antitoxins are yet limited to two diseases; anti-sera are feeble and uncertain; but the prevention and cure of infectious disease by administering to the patient the infectious product of that disease is the most promising field in bacterial therapeutics. Witness Wright and his vaccines and their world-wide popularity.

The homoeopathic mother did not at once recognize the greatness of her offspring nor forecast its future celebrity. The fathers of homoeopathy looked at it with considerable suspicion. Hahnemann himself criticised the practice in the *Organon* and refused to include the isopathic medicines in his *Chronic Diseases*. For thirty years there was a merry war amongst homoeopathic authors as to whether isopathy was a legitimate derivation

from homoeopathy or not. Though upheld by Hering, isopathy fell into disrepute and was continued only by a small but enthusiastic group of homoeopaths, including Skinner and Berridge of England and Swan of New York. These men prepared and introduced in practice syphilinum, medorrhinum, variolinum, vacciniinum and scarlatinum, all prepared from the discharges of the corresponding infective diseases and, finally, tuberculinum, prepared by triturating a tuberculous lung and extracting it with water and alcohol. The work of these men was undoubtedly the first effort of modern times to treat tuberculosis with its own virus. They were working at it for more than five years before Koch's announcement of his tuberculin in 1890, in which year Compton Burnett published his experiences with it.

However, with all the advantages of this early start and his pet therapeutic law to boot, we must admit that the homoeopath has not made a conspicuous success of his bacterial therapeutics. He had the idea but there has been some fault in his technique and the remedies have not commanded wide confidence.

In the first place, the source of the remedies is repulsive and few homoeopaths have used them. Then, most of the work with the nosodes, has been done by believers in very high potencies. Seldom have they been used below the thirtieth dilution; usually the two-hundredth or higher.

So seldom does the homoeopath get credit for his work that I must record with pleasure an instance of fairness that is as refreshing as unusual. At the last meeting of the Association for the Study and Prevention of Tuberculosis (May, 1907), in a résumé of the history of tuberculin, Dr. E. R. Baldwin, of Saranac Lake, credited Compton Burnett with the early use of tuberculin. Dr. Baldwin stated that the dose was so small that the work could be practically disregarded. On reviewing the work of the homoeopath in this field, I am inclined to agree with him that larger doses and a more exact technique might have shown more favorable results. I say this with full knowledge of the many claims made for tuberculinum and bacillinum and personal observations of their action.

We must all admit that this early work with tubercular virus by a handful of English and American homoeopaths was probably unknown to Koch when, in 1890, he announced the first successful application of pure bacteriology to the treatment of tuberculosis. Koch had observed that the injection of dead tubercle bacilli into guinea-pigs was not only harmless but that if the injected guinea-pig was already tubercular, the disease ran a more chronic course and the tubercles tended to be converted into fibrous tissue. This was the basis of the hope that the same substance injected into tubercular human beings would cause a similar tendency to fibrosis and checking of the tubercular process. The magic rise of this enchanting castle in the air and its sudden disappearance are fresh in the minds of many of us. Its failure has been explained by mixed infection and by other reasons; but the truth is that we do not yet know why the various preparations of tubercle bacilli will cure experimental tuberculosis in a guinea-pig and fail to cure acquired tuberculosis in man.

The bacterial treatment of tuberculosis, at present, is in a condition of great confusion. Hundreds of experimenters are at work. Immunity can be secured but, as yet, no satisfactory treatment for the fully developed disease has been devised. The efforts have been along three lines, antitoxins, antimicrobial sera and vaccines. The most promising of these perhaps because it is the newest, is the treatment by vaccines consisting of sterilized cultures of tubercle bacilli, elaborated by Prof. A. E. Wright

in connection with observations of the opsonic index. This interesting subject will be fully discussed by my colleagues on this Bureau, so I omit its consideration here. Of the various antitoxins and anti-sera I can say only that they are still in an experimental stage and no conclusion can yet be fairly drawn.

In conclusion, I may state the advantages and objections to bacterial therapeutics. The chief advantage is theoretical. You will possibly secure a medicine of deeper therapeutic potency. It may be that Burnett and the nosode advocates were right after all in their contention that the nosodes have more profound action, meeting such intractable disorders as cancer and tuberculosis better than our customary vegetable, mineral or animal remedies.

Bacterial therapeutics does not present the advantage of simplicity. When carried out properly, it is very complicated.

The objections to bacterial therapeutics may be stated as follows: The dose must be administered by hypodermic injection, requiring the physician or a trained attendant to give each dose.

You are using a material that is dangerous because of easy deterioration and contamination. You are injecting into your patient a substance that most physicians would hesitate to inject into their own bodies.

These objections would be overcome if it appears that bacterial remedies can be prepared by trituration or dilution in the Hahnemannian manner. This is work for the experimental therapist and the homoeopathic pharmacist. Now, we all are experimental therapists and I foresee already the placing on the market of homoeopathic preparations of streptococcus and staphylococcus and pneumococcus and tubercle bacillus which will be used on the treatment of bacterial diseases, but which may fail because of improper methods of preparation.

I would suggest that, here, as in botanic pharmacy, the most important step is to begin with the right plant. It matters little what purity of alcohol or pharmaceutical skill is expended in the preparation of the original plant is mistaken or inert. Bacterial growths, too, may be both mistaken and inert. You cannot prepare active bacterial remedies indiscriminately or from whatever cultures you chance to find in the laboratory incubator. Sometimes the first culture from a diseased animal or patient is a very different thing from the same culture three to six days old. Some cultures lose their virulence very rapidly; others do not. Some cultures increase in virulence on passing through certain animals; others decrease. Virulence itself may or may not be equivalent to curative power as witness antitoxin and calceare and bismuth. Each variety of bacterium has its own laws of growth and action and what is true of one will not hold of another. The training of our pharmacists is almost exclusively botanical and, without special training, a botanist will be about as successful at bacteriology as a blacksmith at the practice of medicine. Our homoeopathic pharmacists must have at their service a trained bacteriologist before we can have confidence in their bacterial preparations.

In the practical adaptation of bacterial remedies to the sick, one difficulty rises above all others. This is the old, old problem of individualizing the remedy. Some patients will react only to their own or a similar strain of bacteria and as the similarity of bacterial strain cannot be determined beforehand, it is better to adopt Wright's plan of making the medicine from the patient's own microbe and toxins. This is precisely what our nosode friends often did, though probably ignorant of its importance. In tuberculosis, which, in man, offers the widest range of usefulness for bacterial therapeutics, the difficulty of making cultures renders individualizing the bacterial remedy practically impossible on a

large scale? By employing the Hahnemannian method of preparing medicines, it is possible that a remedy can be made from the patient's own sputum or discharge without the necessity of culture.

To those who are unduly enthusiastic over this novelty in therapeutics, Professor Wright has spoken a wise word. He says that success in vaccine therapeutics cannot be guaranteed. "In each case, success must depend on the power of response that is possessed by the individual." We will all admit that this is a stern limitation of all efforts at healing the sick, by homoeopathic as well as bacteriological therapeutics.—*The New England Medical Gazette*, September, 1907.

THE MODE OF SPREAD AND THE PREVENTION OF PLAQUE IN AUSTRALIA.

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Preface.

The way in which plague spreads is one and the same everywhere. If it has seemed to be not identical in all countries, I think that the observed differences are casual and dependent on local habits. Man plays no part in it. Plague epizootic in the rat is the essential factor in the diffusion of this disease and in the production of its epidemic form, but the infection of the plague rat cannot be commonly communicated to man except with the help of an intermediary. The efficient intermediary is the flea, which infests the rat and occasionally attacks man after its proper host has died. Prevention of epidemic plague consequently lies in habitually maintaining a distance between the rat and man, for measures directed against the flea can have scope only in special circumstances. The requisite separation between rat and man will be better secured by improving the construction of buildings than by attempts to exterminate the rat. These conclusions were deduced solely from epidemiological observations made in favourable circumstances at Sydney in 1900 and 1902; they have since constituted the principles on which all efforts towards the control of plague in New South Wales have been directed. They were first published in July, 1903, and they have now been confirmed by the experience of the subsequent years.

Report.

Australia escaped invasion by plague until after the disease had appeared at the capital of New Caledonia (1), an island which lies a thousand miles from Sydney, in the fourth quarter of 1899. The infection entered by way of Sydney, where attack in the first case occurred on Jan. 19th, 1900. But the people had been threatened from the time plague appeared at Hongkong (2, 3), and their danger was apparently increased when it began to prevail at Bombay (4) and at Mauritius (5), for with all these ports Sydney has communication in the way of the trade, which in the case of the two former places is regular and frequent. In Sydney the population of about 500,000 was wholly white, wholly civilised, spoke the mother-tongue of the observers, and had been well trained in obedience to the peremptory discipline of the health authority in the course of several epidemics of small-pox which had been summarily suppressed during the preceding 20 years. The first outbreak (6), lasted from January to August, 1900, and consisted of 303 cases. A plague-free interval of 15 months ensued, terminated by the commencement of a second outbreak (7) November, 1901, which lasted till June, 1902, and which consisted of 139 cases. It will be

noticed that the numbers of cases were on the one hand large enough to avoid observational error, and on the other not so large as to cause embarrassment.

[Dr. Thompson here discussed in much detail the household distribution of the patients in the two epidemics. He also brought forward arguments adverse to the old view that healthy persons might be directly infected by plague patients, and continued as follows :]

All the evidence thus checked appears to me decisive and to warrant a general rule—namely, that the epidemic spread of plague occurs independently of communication of the infection from the sick and that the infection of plague spreads by means which are external to man and independent of his agency as subject of the disease.

It then fell to be inquired in what the infectiveness of locality consisted. A possible explanation was at hand. From antiquity it had been observed that rats sometimes died in numbers in places where men died from plague ; and after 1894, when it was first made possible to identify the disease in man (8), this coincidence was more regularly recorded. It was even observed occasionally that the rats suffered first. But whether the rat infected man, or man the rat, and whether both did not acquire the disease independently of each other from some source which was common to both, remained undetermined. In the meantime this clue had been taken in hand at Sydney, and an attempt had been made to follow it through the maze which apparently contradictory observations had gradually woven. It was noticed first of all that the infection might suddenly manifest itself on new areas which were separated by wide tracts of plague-free houses from any other area up to that time infected and might there set going a sub-epidemic which would run its complete course independently of the course of the disease on other areas. This showed that the infection could be harmlessly transported over inhabited districts of wide extent, be planted afar, and there could take effect. It is also worth noting here that while a very short line of wharves at which the produce trade (hay, grain, chaff, potatoes, bananas, &c.) is carried on has always been the immediate source of the local infection, all the sub-epidemics referred to began either at produce stores or at stables to which produce had been carried from the neighbourhood of those wharves. It was further noticed that the connexion between the infection and locality was transient and that the simplest operations of the scavenger cleared the infection away from houses as well as from districts once for all. Mere sweeping up and destruction of accumulated rubbish, the pulling down of a few ruinous outhouses, and a general cleansing of alley-ways and basements sufficed, without any disinfection properly so called. By these observations attention was forcibly redirected to the rat as the cause, for they were at all events most completely explicable on the supposition that the infection was diffused by some animal which was free to wander among the dwellings of man but which had access to the interior of only some of them.

By following the direction thus pointed out I found that the required close association between plague rats and man did exist in the small number of cases which constituted the outbreak of a later year (9). There were but 12 cases, spread over the seven months March to September ; they occurred in nine buildings. In the small central area where the epizootic had begun before the first case occurred, seven of the buildings stood well, or even widely, separated from each other : the other two were situated at long distances from it, the one six miles towards the south and the other ten miles towards the north. In the two last-mentioned neighbourhoods no plague nor any suspicion of infection had ever existed, and the only feature by which they were distinguished from the

rest of the metropolitan district (save the central area) was the ascertained presence of plague rats and of cases in the two buildings. So also the central area was distinguished from the rest of the metropolitan area (save the two distant neighbourhoods) solely by the presence of plague rats and cases in man in the seven buildings, and of plague rats unaccompanied by cases at other parts of it. The link by which these three widely separated neighbourhoods were thus connected was also definitely discovered. Materials which experience has shown to be especially dangerous in connexion with the introduction of plague into clean places—namely, hay, chaff, and corn in the one case, and gunny-bags and similar wastes to be used in paper-making in the other—had been conveyed to the two houses from premises on the central area which were ascertained to be infected with plague in their rats. This instance should not be undervalued because the number of cases to which it relates is small. In epidemiological investigations accuracy and completeness are the essentials; large numbers introduce confusion and soon render the method impracticable. As it was, the time and labour entailed by quasi-detective inquiries into the circumstances of the patients at home, at work, and at leisure, into those of the businesses with which they were connected, into the state of the rats on premises occupied or frequented by them, into the state of the neighbourhood of the premises as to rat infection and as to freedom from it, and the establishment of dates by documentary evidence whenever possible, from time to time unduly taxed the attention of a staff not exclusively devoted to the investigation of plague.

As a rule, plague among rats in any district is so far from possessing a devastating character that its progress is slow, long-drawn out, and even insidious. The disease picks out individual rats, affects a minority of the horde at any one time, and exhibits its activity only in comparatively small circumscribed areas which are successively attacked. On individual premises I have occasionally found almost the whole colony dead; but this has been exceptional, and even there the rule has been that few plague rats and many more healthy rats have been collected during consecutive weeks. I have already published several examples (10, 11) of this which left little doubt of the fact, but the evidence was not perfectly good since it was impossible (save in one of those examples) strictly to exclude repeated invasions from the generally infected neighbourhood. Nevertheless, I can show from the cases of two ships that it was probably entitled to its *prima facie* value; and the chronicity of epizootic plague (not as disease but as epizootic) seems to me a circumstance of so much importance in relation to plans for the prevention of plague I shall describe at some length the illustrative cases presented by two ships.

The first example (12) is that of the troopship *Antillean* which sailed from Capetown on February 1st, 1901, after having lain repeatedly alongside in the docks at South Arm. She first touched at Albany, Western Australia, where plague has never existed, lay there in the stream for about 48 hours from February 20th, and sailed again for Sydney direct after having taken in a little coal. On February 22nd, cleansing of the holds was begun preparatory to her arrival and the reception of troops, and during these operations about 15 carcasses of rats were discovered and cast overboard; no definite statement as to their condition was got, but they were not dried up. She arrived at Sydney on March 2nd and reported one deck-hand sick; his case was clinically plague, the disease was identified by morphological, cultural, and inoculation tests, and he died on the fifth day of illness. The rats on board were destroyed by sulphur fumes and, as the vessel was in ballast, no difficulty was found in completely gathering their carcasses; the total number was less than 100. The great majority was free from disease; more than two, but

very few, were infected. In one of the two plague was identified by morphological, cultural, and inoculation tests, and was ascertained to be present in the other by morphological and cultural tests. At Capetown (13, 14) history of unusual mortality among the dock rats reaches back to the middle of December, 1900, and the first identified plague rat was collected there on February 4th, 1901. On February 27th, 1901, occurred the first case of the epidemic, which, as is well known, comprised 766 cases; but inquiry revealed (in all probability) two earlier cases, of which the first dated back to January 4th. It may be taken, therefore, that the infection present on board on March 2nd may have been active since a short time before February 1st when the ship sailed, but had certainly begun to take effect before February 22nd; yet a majority of the few rats carried were in good health, and this notwithstanding that the single store-room must have been a centre of attraction for all the rats.

The second case (15) is that of the barque *Alsterschwann*, 2,500 tons, which left Buenos Ayres on May 17th, 1903, after having shipped a full cargo of maize in bags at Rosario, and which arrived at Sydney direct on July 19th. When this vessel got alongside many carcasses were found beneath the hatches; but as the latter had been specially closed tightly with some idea of saving the cargo from deterioration it was supposed by the master that these rats had been stifled. Nevertheless the occurrence came to notice and it was learned that 112 carcasses had been gathered and disposed of. The result of the search then carried out was the collection of 51 rats and carcasses of rats, all of which turned out to be healthy except two, in which plague was identified by morphological, cultural, and inoculation tests. Then, after a first fumigation with sulphurous-sulphuric fumes, a further and larger number of carcasses were collected and examined, among which, however, plague was identified in nine only. This search was necessarily more or less superficial, for the cargo was still in the holds, but after a second fumigation the barque was taken alongside and unloading allowed to begin; a great many more comparatively fresh carcasses were afterwards turned out, but the fact of plague infection having been fully established already, further examinations were not made. Plague first appeared at Rosario (16) in September, 1899. The infection must have been carried on board the barque during 74 days, notwithstanding which a large majority of the rats which were examined were still free from plague.

General experience ashore, as distinguished from that derived from particular premises, was to the same effect. Thus the length of the epizootic periods in each of the four years 1903 to 1906, reckoned from the first day to the last day on which a plague rodent was identified, was 4, 9, 11, and 11 months respectively. The total number of rodents examined during each of these terms was 14,671, 43,822, 28,446, and 27,731. Although there were exceptions they may be regarded as having been all taken on the same small area of the city and they were collected by the rat intelligence staff in a regular way, the numbers brought in week by week having been approximately uniform. All of them were examined in the laboratories and plague was identified in 161, 243, 141, and 174 of them.

When whole blocks of houses have been taken in hand and systematically cleansed, no remarkable number of rats ever has been turned out. When that course has not been taken then the difficulties in the way of securing plague rats, save in small number, have lain in the fact that only healthy rats, active in their search for food, are likely to be, and as a rule are, trapped, yet trapping is the only means available to an intelligence staff, for systematic poisoning no more leads to discovery of carcasses than does plague itself.

In all these circumstances, it will be perceived, rat plague might easily be overlooked in places where the search cannot be, or is not, systematically and thoroughly carried out. From all this a very important practical rule derives—namely, that the discovery, of a single infected rat should be taken as presumptively indicating the most thorough scavenging and cleansing of the neighbourhood in which it was found. Rarely will the labour entailed have been spent in vain. The case is quite different with an imported case in man; that, as we have already seen, calls for no action in respect of the neighbourhood.

The species of *Mus* met with at Sydney are *Mus decumanus*, *Mus rattus*, together with its Alexandrine variety which it is unnecessary further to mention separately and *Mus musculus*. These comprise all which have become domesticated. Plague has been identified in all of them and in such numbers as shows, I think, that the proportions of each species enumerated in any year depended rather on local distribution than on any difference in susceptibility.

I will not proceed to consider the manner in which the infection of plague is communicated from the rat to man. The ways which may so frequently come into operation as to cause epidemic prevalences are but two—namely, inoculation and feeding; but it is quite certain that the infection of man is not commonly brought about by feeding, and it seems to me that this conclusion rests securely on the general pathology of the disease.

The same pathological evidence strongly supports the more generally received opinion that the infection is taken by man by inoculation. Indirect evidence is furnished by the observation that the frequency with which buboes appear in this or that region of the body is closely proportionate to the extent of the drainage area from which the lymph which is filtered in the glands of those regions has been drawn (17). The bubo is the characteristic lesion of plague and is seen in all those cases in which resistance to the infection has been sufficiently strong. Its absence merely shows that resistance was defective, either absolutely or in relation to the dose or to the strain of the inoculated virus, and when the bubo does not form then primary septicæmic or primary pneumonic plague results. The bubo appears where the assault on the body was first delivered and was most strenuously resisted, and it is distinguishable from the general glandular enlargements which later occur in every part of the body by the vastly greater damage done to the gland. All the lymphatic glands ultimately exhibit some rosary tumefaction: but one, or rather often two or three adjacent and immediately connected glands, alone show evidence of the violent struggle just mentioned in hæmorrhage, necrosis, and periadenitic effusions, and they alone indicate the area of skin into which the virus was inoculated.

Inoculation into the skin might be effected in two ways. The virus may be deposited by the rat or by man on inanimate objects with which the skin of healthy man may come into contact. Such conjunction is not sufficient to infect, as is seen from the impunity with which post-mortem examinations are habitually made unless the skin happens to be wounded. The uninjured skin is an efficient defence against infection by casual contact with the virus. These considerations have long been entertained, and originally it was thought that the preponderance of buboes in the groin among unshod people resulted from absorption of the infection through the wounds commonly present on undefended feet. But at a very early stage comparison between shod whites and unshod natives exposed on the same area showed that buboes in the groin preponderated among the former just as they did among the latter. So in

1900, I observed that out of 286 habitually shod persons who exhibited buboes no less than 73 per cent had them in the groin (18). Casual inoculation through pre-existing wounds of the skin of the lower extremity is therefore not the reason why buboes are most commonly found in the groin.

In 1902, I proceeded to inquire into the way in which man came to be inoculated in the course of daily life by the same method as had yielded the results already described in connexion with other points and to seek some explanation of the fact that such inoculation takes place in the lower extremity more frequently than elsewhere (19, 20). First I found that 106 of the 139 cases of that year exhibited buboes in the groin. But as buboes in the femoral chain alone are evidence of inoculation in some part of the lower extremity, 46 cases in which they were situated in the inguinal chain had to be thrown out; 60 remained. But the majority of these 60 were for various reasons not available for my purpose. Thus in 16 of them either the place at which they were infected could not be determined or the evidence for infection at home and at work was equally cogent, while in 25 others it was considered that the infection had been received at home, where, consequently, the patients had been exposed at bedtime to the risk (if any) attaching to bare feet, which it was necessary to exclude. In four others the general history of the patients was defective; and in still three others although infection probably did take place at work the evidence was considered to be not quite unimpeachable. The result of this rigid sifting was the rejection of 48 of the 60 cases so that ultimately 12 remained in which solitary buboes situated in the femoral chain were exhibited by persons whose movements had been ascertained with certainty and who beyond reasonable doubt were infected while at work. At their workplaces they were all fully clothed. But their skins were not completely protected by their clothes. Their hands and arms, their faces, necks, and (as the weather was hot) often their chests too, were exposed; only their lower extremities were invariably protected by boots, socks, and trousers or petticoats. Yet they were inoculated not in their exposed parts but in their protected parts. The deduction was almost obvious and quite unavoidable. Inoculation must have been effected by some agent to which neither clothes nor the epithelium offered insurmountable obstacles, by some agent which could evade the one and which could penetrate the other without causing either noticeable pain, or a visible wound. The flea alone answered these requirements. Moreover, within buildings fleas live in the dust between flooring-boards and in corners outside them in the soil, and notoriously reach the legs first in places where they abound.

When these observations were first published (1903) there was very little experimental evidence that the flea possessed even the power of communicating plague between animals. It was limited to Simond's successful attempts in two experiments out of four made with an undetermined species of flea (1898), and the five successful experiments reported five years later by Raynaud and Gauthier (21, 22), which were made with the species *Ceratophyllus fasciatus*. Against these rare successes were to be set the greatly larger number of failures reported by several competent observers, and from my own laboratory. Since then possession of this power by the species *Pulex cheopis* (Rothschild) has been placed beyond dispute by the First Report of the Plague Research Committee which was appointed as the outcome of representations made by the Lister Institute to the Secretary of State for India in 1905, and which is still working in India under the direction of Dr. Charles J. Martin, F.R.S., Director of the Lister Institute (23). It may be supposed

that in the next report the committee will be able to define the conditions under which this power is exercised, both in relation to species of fleas and to mechanism. Probably all fleas share it on condition that they are of kinds which infest rats and sometimes attack man. This is the more likely because the position of the bacillus among the schizomycetes seems to connote a merely mechanical transference of the infection by the flea, but, on the other hand, my field-observations seem to me to require duration of the power to infect over considerable, and even over considerable, and even over rather long, periods (25). In conclusion, on this head I would point out that although the experimental demonstration thus furnished is essential and may be accepted as affording ground for inferring that the virus can also be conveyed by the same means from lower animals to man, yet the importance of this mode of infection as a factor in the production of epidemic plague can be established only by observation in the field of daily life. I conclude from the investigations which have just been described above that while plague may be casually acquired by man in several ways the flea is the ordinary agent of his infection, and it as well as the rat is indispensable to produce epidemicity.

It is not possible to discuss this subject in detail within the limits assigned on the present occasion, but a few leading points can be mentioned.

In the first place, notwithstanding that plague is not *maintained* by communication of the infection from the sick, yet it is communicable from them and occasionally is seen to be so communicated. Further, although such communication from them as occasionally takes place cannot by itself give rise to epidemics the following consideration is entitled to weight, namely; since plague can be and generally is communicated from rat to man by the flea, so it must be possible for it to be communicated from man to the rat, an accident which might bring about an epidemic. But the frequency with which this risk will be encountered depends first on parasitic infestation of the patient, secondly on his proximity to rats, and thirdly on his disease having reached the septicæmic stage. These are chances which must weigh importantly in countries against communication of the infection from man to rat although in some they may have less influence than in others. Plague in the rat is almost always a septicæmic disease, but in man the primary septicæmic form occurs much less often than the bubonic, yet any bubonic cases may become septicæmic shortly before death, and many do so. My own experience has furnished little which pointed to transference of the infection from the sick even to man when the circumstances have been fully discovered, but nevertheless every case of plague should be segregated, and I note that every case has always been and still is segregated at Sydney within a few hours of notification. Never have I had reason even to suspect that the infection had been communicated from man to rat.

Secondly, it would seem that preventive measures should be directed not only against the flea, and this course has been advocated. I think it evident that it cannot be taken with hope of practical success save in special circumstances. They are these: When plague rats have been found in a dwelling or other building which is about to be cleansed the first thing to be done is to spray the floors very freely with a 5 per cent solution of coarse carbolic acid or an equivalent solution containing mixtures of the tar acids. This is a very effectual method of driving away and of killing fleas and thus of avoiding the only risk connected with the cleansing of plague-infected premises. The residuum left from the distillation of kerosene is also efficacious for this purpose, but is a stinking and oily substance of which the use is limited by those qualities.

For the rest, it seems to me that effort to destroy fleas, which cannot be successful must divert attention from the rat, or at least divide it. Now the flea derives its importance from the rat, and although it wanders to some distance after its host has died still the direct attack should be upon the rat. The rat is the *fons et origo* of the infection for man. When the difficulty of staying the infection by action directed to the rat is considered, and, above all the impossibility of staying it within so short a period of time as shall effectually avoid the danger to man, I think it will be perceived that the rational method of defence lies in so improving the construction of buildings as greatly to impede the entrance of rat to them, and in so taking care of food that it shall not attract them. —*The Lancet*, October 19, 1907.

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DYSENTERY.

Dysentery is a common disease of the tropical climate. From the early days of its existence, it has been observed in India. Clinically, we differentiate three forms of the disease. 1. Mucous has only exfoliation of the mucous membrane without any deep seated ulcer. 2. Mucō-fibrinous comprehends the mucous membranes in the stools accompanied with blood and shreds of muscular tissue of the intestines. The quantity of the intestinal tissue is small in quantity but the mucous membrane forms the predominant character in the stools. A slight quantity of blood may be present. 3. Fibrinous is the worst form and characterised by the presence of large quantity of the intestinal tissue and blood. In this form there is more colicky pain than in the others. The intensity of the disease is manifested by the wasting of the sufferer within a short time. The quantity of blood gradually increases and the stools assume foetid smell. It generally runs a chronic course when neglected and then we popularly call it sloughing dysentery (Gridhini) or a bad form of ulcerative dysentery. The sloughs are yellow or blackish in colour and the blood generally appears as washings of meat.

According to the bacteriological classification of diseases, dysentery is divided in two forms, 1. Bacillary 2. Amœbic. A third form sometimes is seen by its presence. It is the mixture

of both. For convenience it is called amœbo-bacillary. Like the old clinical forms the bacteriological characters may be acute subacute or chronic. In the clinical classification the fibrinous is generally considered the outcome of the development of the second that is, the muco-fibrinous. In the recent modification, the bacillary or the amoebic either alone or being mixed up may assume acute, subacute or chronic character. The difference between the amœbic and the bacillary is noted by the following features. The points are from the Hunterian lecture delivered by Dr. F. M. Sandwith. "1. That amœbic dysentery, unless skilfully treated at the beginning, usually runs a chronic course, while the bacillary lasts only from four to eight days in mild cases and from three to six weeks in the serious ones; 2. that in the amœbic form no bacilli can be found unless you have, as is rare, but quite possible, a mixed infection of both amœbic and bacillary dysentery; (3) that toxic symptoms such as high fever, rapid emaciation, and nerve complications exist in bacillary dysentery, but not usually in the amœbic form; and (4) that liver abscess is a very frequent complication of amœbic dysentery and does not exist in the unmixed bacillary form. The conditions necessary for a certain diagnosis of bacillary dysentery are the positive agglutination reactions of the dysentery bacillus with the blood serum of the patient, or the isolation of the bacillus from the fæces of the patient, or from the organs after death."

The definite period ascertained by Dr. Sandwith does not correspond with our clinical experience. If it be accepted that some bad cases of dysentery are of bacillary origin, then their highest limited period of six weeks is against our observation. The fact is, even the bacillary variety can assume the sub-acute or chronic character and may run more than two months. It should be said that in most cases tormina and tenesmus are accompaniments. If tenesmus is a sign of affection of the lower part of the rectum, then it is generally found in most cases. The sign of ulceration of the lower part of the rectum is adduced not only by the presence of tenesmus but also of blood, pre-

not apparently found in the general circulation but are sometimes observed in the mesenteric glands and liver.

AMŒBIC DYSENTERY.

Though its presence was supposed for a long time, yet before 1883, no one was able to discover it. In that year Koch demonstrated them in sections of intestines from those who died of ulcerative dysentery. After him, Kartulis, a Greek doctor, found the amœbæ in several cases of dysentery in Egypt. His observation has been confirmed in many countries including the United States, the Phillipines and India. Schaudinn calls them *Entamæba Histolytica*. Their action is thus described by Dr. Sandwith: "It is armed with tough pseudopodia, able to attack the epithelial cells of the intestine and to penetrate into the sub-mucous tissue elements and blood corpuscles of the host." This form of the disease was generally supposed to be the inhabitant of the tropical climate as distinguished from the bacillary dysentery which was more observed in the temperate zones. The view has been found to be erroneous. Dr. Sandwith and other medical men found it to be generally associated with liver abscess as sequel to dysentery. But in ulcerative dysentery as found in India, the abscess forms an exception. The amœba can be found in sloughs. From these facts it can be inferred that sloughing dysentery or the fibrinous variety of the clinical classification is generally the issue of the amœbic form.

TREATMENT.

A little has been said of the homœopathic treatment of dysentery in our books. The cases generally met with are of the bacillary variety. The hospital admissions are generally chronic cases or bad forms of the disease. It is no wonder that even in London Hospitals the amœbic variety largely prevails. It is so in the hospitals of Calcutta. This fact can not lead to the conclusion that the amœbic is far more prevalent than the bacillary dysentery. It can be said that the prevalence of the one over the other depends on the nature of contamination. As far our observation goes we find the bacillary variety occurs much more than the amœbic form. The treatment of dysentery

generally varies on the existence of fever and blood. In ordinary mucous dysentery without fever and blood, Ipecac. commonly holds the ground. In fever, the treatment should begin with Aconitum Ferox and not Aconitum Napellus. Decided success has been observed by the administration of the former. In the bloody form without fever, Ipecac. should be first administered. With these general hints, we proceed with a detailed suggestion of the therapeutic application.

ACONITUM FEROX. It holds a high place in the treatment of dysentery. It is not necessary that anxiety, fear of death or restlessness should remain. The principal symptoms are :

Stools: Watery, blackish, dark, semiliquid, yellowish; greenish mixed with blood; small brownish with bloody discharges; bloody mucus. Frequent, painful.

Rectum and Anus. Smarting pain, tenesmus, urging.

Accompaniments. Heat in stomach, rumbling and gurgling in abdomen; fever. Effect of chill or being wet.

Remarks. Useful in all cases of dysentery with fever.

ACONITUM NAP. *Stools:* Watery, greenish, yellowish; bloody, slimy, mucous; small, brownish, frequent, involuntary when passing flatus; white; clay coloured, whitish yellow; yellow water with white foam, preceded by gurgling.

Rectum and Anus. Pain, tenesmus (Caps.); urging to stool; shootings; painful contraction; pressure; bleeding hæmorrhoids (Ham., Nit.ac.); burning and heat in hæmorrhoidal vessels (Aesc., Sulph.); sensation of warm fluid escaping.

Accompaniments. Fever; burning and cutting in abdomen, distension of abdomen sensitive to touch.

Remarks. Useful in cases of hard impacted faeces with or without fever.

ALOES. *Stools:* Frequent stools of bloody water with lumps of mucus, like jelly; during stool, fainting or screaming on account of violent pains in the abdomen, especially right side, ceasing after stool; flatus escapes with the stools; when urinating urging to stool; green mucus; transparent jelly-like mucus; yellowish; brownish; bloody water; offensive, foul smelling (bloody mucous

stools); *semi-liquid*; bright yellow with blood; involuntary with passage of flatus.

Rectum and Anus. Heat; sticking, cutting after stool; burning (Berb., Sulph.); burning after stool; after emission of hot flatus; fulness and pressing out; sore feeling (Berb., Aesc., Iris); hæmorrhoids sore and swollen; weakness of sphincter, so that cleanliness was difficult; tenesmus; loss of power in the sphincter, so that stools escape easily; in chronic dysentery with flatulence burning in anus and rectum, discharge of jelly-like lumps and intense pain and soreness in rectum after the stool.

Accompaniments. Abdomen distended; motion of flatus (Puls); gurgling; emission of flatus; emission of flatus on attempting to go to stool; rumbling along the colon; weak feeling as if diarrhœa or dysentery would occur; pain in the small of the back; pain around navel. Aggravation when walking, standing, or after drinking.

Remarks. It is a medicine more for chronic dysentery than the acute form. The principal indications are the urgency of passing stool drives the patient out of bed; insecurity of the bowels worse in the morning; worse when walking or standing and after eating or drinking.

ALUMEN—*Stools:* Putrid, fetid; blood with stool; watery with blood; mucus with slough; ichorous mixed with offensive matter and blood; frequent; yellow; scanty; masses of coagulated blood.

Rectum and Anus: Violent pains going from rectum down the thighs; pains in rectum; tenesmus; after stool, scarcely endurable pain; tenesmus of bowels and bladder; no flow of urine except during an evacuation from the bladder; beating in anus after stool. Ulcerative dysentery.

Accompaniments: Exhaustion; colic; abdomen retracted better from pressure, worse by walking; griping; burning pain in small intestines; burning in the small of the back, can scarcely get up, with feeling as if back would break; intestinal inflammation.

Remarks. It is a medicine for ulcerative dysentery when it has become chronic.

Apis. Stools: Greenish, yellowish, slimy, mucous; watery with griping; greenish with red lumps; pappy mixed with mucus and blood; dysenteric stools with tenesmus and crushed sensation in intestines; bloody mucus mixed with faeces; bloody with shreds of intestines, mucus and pus; bloody stool with but little pain; offensive bloody stool; painless with slimy mucus; copious, blackish brown, green and whitish; watery with jelly-like mucus mixed with blood; involuntary; constant oozing from anus of which the patient is unconscious (Phos., Phos. ac.); involuntary and painless, or painful and urging.

Rectum and anus: Great tenesmus as if the intestines were bruised. Electric shock in rectum then urging to stool. Frequent urging. Raw sensation. Involuntary with every motion, as though the anus stood open.

Accompaniments: Soreness in the abdomen when sneezing or on pressure. Cannot urinate without having a stool (Aloes). Pain in the abdomen worse on pressure, touch and horizontal position, with sensitiveness.

Remarks. Great care should be taken in the administration of Apis, because it can create aggravation. In cases of blood poisoning with acute symptoms, or in difficult cases with the above symptoms, it is well worth administration.

ARGENTUM NITRICUM. Stools: Green mucus with retching, vomiting of mucus, pain in stomach and abdomen, intolerance of wearing cloth; bloody mucus; frequent; green mucus with flatulence; shreds of mucus with undigested food and distension of abdomen, the stools are very offensive; bloody slimy stools with ulceration of the rectum; chronic dysentery: dysentery from excitement or shock with chronic flatulence; dysenteric stools consisting of masses of epithelial substance, connected by muco-lymph red and green, shreddy, frequent, with severe bearing down pain in the hypogastrium; cramp of the rectum; then unshapely strips pass in masses, with burning, constriction and soreness in the left side of the abdomen; advanced cases of dysentery, with suspect-

and ulceration; foetid; painless bloody mucus; involuntary brown liquid with slimy mucus. Chronic dysentery with ulceration.

Rectum and anus: Urging; itching in anus (Aesc., Sulph., Zinc.); emission of noisy flatus; crampy pain in the rectum; bearing down pain in the hypogastrium; constriction and soreness in the left side of the abdomen; ulceration in the rectum.

Accompaniments. Nausea after meal; retching; vomiting; flatulence; desire for sugar in children; aggravation after taking sugar; aggravation after drinking.

Remarks. Several cases of dysentery in children have been cured by the medicine, having the aggravation after taking sugar. Dysentery with green mucus associated with flatulence is another keynote. Ulceration of the rectum in dysentery has been healed by its use. Indiscriminate use of the medicine has aggravated many cases. Cases in which Arg. nit. may be used do not often happen.

ARNICA. *Stools:* Dysentery with cutting in intestines; with tenesmus suitable in low cases; frequent with necessity to lie down after every stool; small consisting of mucus; brownish with blood; purulent; involuntary during sleep; painless; offensive; purulent bloody stools; frequent, scanty, small, mucous stools. Hæmorrhagic dysentery.

Rectum and Anus: Tenesmus; urging; pressure at anus; bruised pain in back; rumbling; burning in anus with shooting (Sulph). Prolapsus ani.

Accompaniments: Repugnance to food, to meat and broth; foetid breath (Nit. ac., Sec.); putrid, slimy taste and eructation; offensive flatus (Sulph); distention of abdomen with frequent urging to stool. Swelling of the right side of the abdomen.

Remarks. Arnica is capable of being used in cases where offensive nature of the discharge is manifest. It has foetid breath, putrid taste and eructation and offensive flatus and stool. They show the nature of the putrefactive process. Low cases of dysentery with offensive stools and blood are the other indications. The prostration is shown by the necessity to lie down after every stool.

ARSENICUM. *Stools.* Watery; mixed with blood and water; offensive; painful; frequent; profuse; yellow mucus without pain, or tenesmus; yellow, scanty with tenesmus, and colic around umbilicus; greenish mucus; greenish with bloody water; black fluid burning the anus; tenesmus; abdominal pain; tearing cutting in abdomen; dark bloody-coloured; black mucus with persistent vomiting; frequent, violent, offensive black; yellowish mucus with tenesmus and burning pain in rectum and anus (Aloes); discharges foetid and foul; fluid faeces mixed with blood, chocolate coloured; slimy morning and afternoon. *Before stool,* torturing sensation as if the abdomen were constricted; griping. *During stool,* a feeling of contraction of the rectum. *After stool,* straining; tenesmus with burning in rectum and anus; exhaustion. Stools containing grumous particles; prolapsus of rectum, shootings in hæmorrhoidal tumour.

Rectum and Anus. Painful spasmodic protrusion of rectum; hæmorrhage from rectum; burning with weakness and trembling after stool; smarting; urging to stool; ineffectual urging; tenesmus, with burning, pain and pressure (Sulph., Nit. ac.); hæmorrhoids, blind, painful, with slow hot prickings; hæmorrhoidal tenesmus causing burning pain; burning hæmorrhoids burning like fire, better from heat; tenesmus; a feeling of contraction of the rectum; straining; prolapsus of rectum; shootings in hæmorrhoids.

Accompaniments. Great restlessness and tossing about in bed; sensation as if the abdomen would burst; great exhaustion; palpitation of the heart and distention of the abdomen; thirst or want of thirst; face sunken; great anguish; frequent weak pulse; foetid urine; skin icy cold covered with clammy sweat; the patient complains of intense burning heat internally; cold, sticky perspiration.

Remarks. Arsenic has sometimes done wonder in hopeless cases. It is generally indicated in watery, bloody, mucous, painless and offensive stools. The medicine should be administered in cases when the acute stage has suddenly merged into the condition of collapse, shewing the critical state. It should

not be often resorted to and without proper selection causes more harm than good.

BAPTISIA TINCTORIA. *Stools:* Papescent stool with much mucus, but no real pain; discharges of pure blood, with very little mucus; bloody mucus; dark brown mucus and bloody stool; brown, thin, watery mixed with blood; small stools, all blood, not very dark, but thick; dysentery with acrid faecal discharges, frequent, small and offensive; very offensive; often painless; dark thin mixed with blood; bloody discharge with slight tenesmus, but not painful.

Rectum and Anus: Tenesmus during stool; violent colicky like pains in the hypogastric region before stool; hæmorrhoids; upwards drawings in the rectum.

Accompaniments: Rigors; pains in limbs and small of back (dysentery); great prostration; unusual prostration in proportion to the attack; brown tongue; low fever; foetid breath; urine and perspiration extremely offensive; typhoid symptoms.

Remarks: Baptisia is indicated in cases of dysentery with low fever, the prostration is more profound than the severity of the attack. Thin, bloody, offensive, but almost painless stools, with typhoid symptoms, call for its use.

BELLADONNA. *Stools:* Greenish, slimy, bloody, with great tenesmus; frequent inclination to evacuate, with tenesmus, but ineffectual; frequent small evacuations with mucous stools and tenesmus; hot stools; only mucus without blood; stools watery or slimy; thin greenish stools with mucus; frequent; small; bloody mucus like meat washings; foetid; involuntary from paralysis of the sphincter of the anus; granular mucus; papescent with mucus; sometimes foetid. *Before stool.* Perspiration; sore aching in the upper part of the abdomen; constant pressing towards the anus and genitals as if everything would be pushed out; griping. *During stool.* Shooting in the rectum; Tenesmus; nausea; aching pain in the stomach; shuddering; tenesmus so severe as to cause shuddering. *After stool.* Tenesmus; shuddering. Sometimes cessation of pain; rather sleepy.

Rectum and Anus: Shooting; squeezing constrictive pain in the lowermost intestines, alternately with shoots or jerks in the direction of the perinaeum. Tenesmus, a constant pressing and urging towards anus and genitals, alternating with painful contractions of anus. Straining to stool, then scanty evacuation, then increased straining. Constant desire for stool. Urging to stool, which is thin with mucus. In dysentery, the mucous membrane of the anus is swollen and everted, with excessive tenderness. Bleeding hæmorrhoids. Prolapsus ani. •

Accompaniments: Delirium; stupor; lethargy; fever; urine scanty or suppressed; nausea; vomiting; abdomen tumefied with tenderness to touch; pain in the abdomen as if sore and raw; tenderness on pressure; feeling of distension, with constrictive pain in the abdomen below umbilicus, the latter coming in jerks and obliging bending double; feeling of fulness in the abdomen worse after stool; in abdominal affections characterised by extreme sensitiveness to touch, intolerance of even the clothing, with great heat; pains of constrictive character, relieved by bending forward.

Remarks. Belladonna is applicable to cases of dysentery with intestinal inflammation taking the character of enteritis. The small intestines are more or less involved. The inflammation of the anus with swelling and eversion of the mucous membrane also helps its use. In dysentery with hot stools it has a place.

BRUCEA. There is no separate proving of Brucea, which is no other than the Nux Vomica bark. Symptoms of proving of the Nux Vomica bark has been mixed up with those of the Nux Vomica seed. The following symptoms are taken mostly from clinical cases cured by the tincture of the Nux Vomica bark and Angustura Spuria.

Stools: Dark; green; slimy; offensive; mostly mixed with blood; sometimes yellowish mixed with mucus and blood; whitish mixed with tenacious mucus and streaks of blood; thin bloody mucus; frequent; small; scanty and corrosive; passing of blood before, during, or after stool. Squeezing as from claws, in the

abdomen followed by frequent, small, slimy evacuations. The pains in the abdomen cease after the first evacuation; shootings in the umbilicus after the evacuation. Dysenteric stools with colic and flatulency.

Before stool: Backache; constant urging. *During stool.* Backache; tenesmus. *After stool.* Cessation of pain and tenesmus. Sometimes alleviation and not cessation. Ulcer in the rectum.

Rectum and Anus. Constant urging and tenesmus.

Accompaniments. Aggravation either in the morning, after food or in the evening. After abuse of alcoholic drinks or taking narcotics. Ganja smoking, etc. Painful pinching in the abdomen.

Remarks. Good effect has mostly been derived by the use of Brucea in cases passing blood before, during or after stool. In simple mucous dysentery it has little effect. In ulcerative dysentery when the case has not sufficiently advanced, it is worth a trial. In ulcers of the rectum it has proved efficacious.

BRYONIA is used in cases where dysentery has been caused by the impaction of hard fæces. Mucus and blood preceded by hard stool is a leading symptom. The aggravating symptoms are that the pains and discharges are brought on from motion, even after turning in bed, raising the arms or bending the toes. A slight change of position brings on the urging to stools. Tenesmus after passage of hard balls is a painful symptom. Sometimes the large balls are so hard that they do not come out of themselves unless broken into pieces or scooped out.

CAMPHOR. It is a medicine for dysentery and applicable to cases of severe type where there is fear of impending collapse. In cases protracting for a long time without sloughs, its administration is necessary to arrest the further development of the micro-organisms.

The form in which it can be best administered is in water. Aqua Camphor is better applicable than the tincture with absolute alcohol or rectified spirit. Its efficacy has been observed

in many cases. In children, the best form of administration is in globules touched with tincture camphor.

It cannot be doubted that Camphor has a suitable place in dysentery. In both the bacillary and amœbic varieties it is applicable. In severe types of either form of the disease, it should be used. In chronic amœbic cases, it is worth a trial. In cases of severe urging or tenesmus, it serves the purpose of an intercurrent remedy. In dysentery with hot stool before Sulphur and Belladonna it should be administered.

CANNABIS SATIVA (Bhang or Siddhi) has largely been used by the Kabirajes to cure dysentery, and sometimes they can do so with great success. For the following symptoms it has been used with efficacy :

Severe tenesmus; sensation in anus as if he were sitting on a ball, as if anus and part of urethra were filled with a hard ball; frequent urging; cutting colic; ulceration in rectum; urging; urging with much straining.

Remarks. It has sometimes been used dry fomentation in the form of a small bundle covered with cloth in the anus, when tenesmus is severe or feeling of great soreness exists after frequent stool.

CANTHARIS. *Stools:* Dysentery, with burning in anus; rectal irritation; stools consisting of blood and mucus (Caps., Merc. c. etc); only white mucus; green mucus; watery brown or yellow stools mixed with mucus and blood; cutting in abdomen after each stool; biting pain in anus; frequent stools with colic; bloody; skinny; sloughing; putrid; like washings of meat; bloody mucus; corrosive; scrapings from bowels; hæmorrhagic dysentery. *Before stool.* Colic; urging; griping. *During stool.* Cutting; burning like fire in the anus; urging extorting cries. *After stool.* Tenesmus; cutting in abdomen; burning, biting and stinging in anus; chilliness; shivering.

Rectum and Anus. Cutting with urging to stool. Burning. Tenesmus (Caps., Merc. c.). Frequent urging; passage of pure blood from anus and urethra. Pain in perinaeum, seeming to arise from the neck of the bladder rather than from the root of

the penis: Tremendous burning pain through the whole intestinal tract from the bowels down to the anus, with painful sensitiveness of the abdomen to the slightest touch; itching in perinæum.

Accompaniments. Disgust for food; nausea; vomiting; abdomen distended; tympanitic (Terebinth); *cutting during stool, afterwards shivering* (caps.). Gripping. Inflammation of the whole alimentary canal. *Burning along the alimentary canal.* Abdomen very sensitive to touch.

Remarks. In severe forms of acute dysentery when the whole intestinal tract is involved, Cantharis has a suitable place for administration. Burning along the whole intestinal tract, burning in anus and passing of stools with mucus and blood; scrapings of intestinal muscles and discharges like washings of meat form the principal character of the case. The disproportionate collapse is another indication. It should be said that cases rarely happen where Cantharis can be safely administered. Special care should be taken for the selection of the remedy.

CAPSICUM. *Stools: Small; frequent passages, consisting of mucus, at times mingled with blood and causing tenesmus. (Merc. c., Canth.) preceded by flatulent colic in hypogastrium; dysenteric stools, then tenesmus; urging to stool after drinking, passing little mucus; mucus with tenesmus; small stools of only mucus; very frequent stools, streaked with black blood, with violent tenesmus and burning both in the rectum and bladder; thin, adhesive, slimy, mixed with black blood; shaggy, slimy and bloody; expelled with great force; drawing pains in the back, which with the tenesmus are continued after the stool, which consists of adhesive slime, mixed with black blood, with twisting pains above the navel, small and frequent; nocturnal diarrhoea, with burning pains in the anus; stools bloody, tenacious, mucous, with excessive burning and tenesmus, also, associated with tenesmus of the bladder (Canth., Merc. c); also, particularised by excessive thirst, with shivering from drinking (Ars.), and by severe pain in back after the stool (Nux v). Before stool. Flatulent*

colic; twisting pains about the navel; urging to stool after drinking; drawing pains in the back; tenesmus. During stool. Twisting pains about the navel; drawing pains in the back; tenesmus; burning in anus (Berb., Sulph.); strangury; biting-stinging in anus; pain in blind hæmorrhoids. After stool. Tenesmus; burning in anus; thirst and after drink shivering; drawing pains in the back.

Rectum and Anus. Tenesmus; urging to stool after drinking but only a little mucus passed; feeling as if he would have stool as soon as he drank anything (Crot. t.) but only a little passed every time. Hæmorrhoids itching at times; blind hæmorrhoids paining severely during stool; discharge of blood; burning in anus (Berb., Sulph.); biting-stinging in anus, with dysenteric stools; itching in anus; tenesmus; hæmorrhoidal tumours with burning, (with burning bleeding); burning in lower part of rectum, with sensation of rawness and throbbing and pains in the back.

Accompaniments. Feeling in abdomen as if distended, even to bursting causing suffocation. Colic, with cutting twisting about navel and passage of tough mucus, at times mixed with black blood, after every stool thirst, and after every drink shivering (Ars., Verat.); drawing and twisting, with and without diarrhœa; tension, especially in epigastric region, between pit of stomach and navel worse on motion with tension in lower part of back; tensive pain extending to chest as from distension of abdomen; strong pulsations in blood-vessels; warmth in intestinal canal; pain in hypogastrium as from flatus; tenesmus of the bladder; taste like putrid water; pains aggravated by currents of air, though warm; aggravation after drinking.

Remarks: Capsicum is suitable in dysentery with small, frequent stools mixed with blood and colic before and during stools and burning in the rectum and anus. The aggravation after drinking with shivering is a keynote which is rarely met with. Severe tenesmus and burning in anus are the leading indications. It has urinary tenesmus shewing congestion not only of the rectum and anus but also of the neck of the bladder, on account of the contiguity of tissue the portion of the organ is affected.

**Meteorological Observations taken at 8 A.M. at the Indian
Association for the Cultivation of Science, Calcutta.**

For the Month of November, 1907.

Date.	Barometer.	WIND.		TEMPERATURE.		Humidity.	Cloud.	Rainfall in inches of past 24 hours.
		Direction.	Velocity per hour in miles.	Maximum.	Minimum.		Proportion.	
1	29.930	S	1.0	85.8	72.0	84	<i>Nil</i>	<i>No rain.</i>
2	29.968	W	1.3	86.0	72.0	82	"	
3	30.010	W	1.1	85.0	72.5	87	"	
4	30.010	S	0.9	86.0	73.0	84	"	
5	29.992	Calm	1.4	87.8	70.8	70	"	
6	30.021	E	1.7	87.5	69.8	59	"	
7	30.063	W	1.2	86.8	69.0	72	"	
8	30.005	Calm	2.3	85.6	71.0	79	"	
9	29.981	N	2.1	85.0	70.2	79	"	
10	29.999	E	2.3	84.2	70.2	72	"	
11	29.981	E	1.7	84.8	70.0	72	"	
12	29.974	N E	4.4	85.5	69.0	72	"	
13	29.995	E	3.2	84.8	68.0	72	"	
14	29.934	N	2.3	84.0	67.5	61	"	
15	29.868	E	1.3	83.5	67.4	67	"	
16	29.860	E	1.4	83.0	66.8	65	"	
17	29.894	Calm	1.2	82.2	67.0	80	"	
18	29.946	N W	1.1	83.0	67.2	72	"	
19	30.036	Calm	0.8	84.0	68.5	93	"	
20	29.998	Calm	0.9	85.0	66.0	95	"	
21	29.977	E	1.6	83.8	65.5	57	"	
22	29.998	Calm	0.7	82.0	64.0	70	"	
23	30.009	E	1.4	81.8	64.0	57	"	
24	29.994	N	3.6	80.8	65.4	64	"	
25	29.967	N	3.2	82.0	68.0	71	5	
26	29.967	E	1.5	82.0	66.8	76	4	
27	29.969	N	0.9	82.6	66.5	75	3	
28	29.981	E	0.9	82.5	67.0	78	<i>Nil</i>	
29	29.991	Calm	1.3	82.6	67.0	90	"	
30	29.949	N	0.6	81.6	67.0	85	"	
Mean	29.976	N N E	1.6	84.0	68.3	75	<i>Nil</i>	

Remarks: The mean atmospheric pressure of the month of November was 29.976 as against that of the month of October

which had been 29·842, shewing an increase of ·134 inches. The mean direction of the wind was N N E, shewing its current from the north as opposed to the south-eastern direction of the last few months. The struggle between the north and the south winds was decided in favour of the north manifesting the approach of the cold season. The mean velocity of the wind was 1·6 miles per hour against 2 miles of the month of October, shewing comparative calmness. The mean maximum temperature was 84 degrees. In the month of October, it had been 90·5. The mean minimum during the month was 68·3 degrees. During the month of October, it had been 79·3. The difference of the two mean temperatures of the month was 15·7. The mean humidity was 75.

During the last month, the noticeable feature was the gradual increase of the mortality from cholera. In the week ending the 26th October the mortality rose to 75 in number. In the week ending the 2nd November it was 70. During the week ending the 9th November it lessened to 83. During the next week ending the 16th November, the number of deaths suddenly rose to 114. In the week ending the 23rd November the mortality came down to 108. During the last week ending the 30th November, again there was a sudden rise of mortality, shewing 143 deaths. The sudden rise and fall are inexplicable except on the assumption of more or less contamination.

The mortality from plague was only 4, the lowest recorded in the week ending the 26th October. During the week ending 2nd November, the mortality rose to 12. In the week ending the 9th November, it remained to 12. In the week ending the 16th November, it rose to 22. During the week ending the 23rd November the mortality was 18 and in the week ending the 30th November it remained to 18.

Mortality from smallpox never rose to more than three in a week. During the week ending the 9th November, it was totally absent.

Deaths from fever during the week ending the 26th October were 177. During the week ending the 2nd November, the mortality was 166. In the week ending the 9th November, it was 199. During the next week ending the 16th November

the mortality rose to 203. In the following week ending the 23rd November it was 209 and in the last week ending the 30th November it was 196.

The highest number of deaths in a week during the month of November was 100. The gradual rise of mortality from September was most noticeable.

The total number of deaths in a week was gradually increasing. The respective figures during each week of the month were 633,685,784, and 871, making up 2973 deaths, among the population of 8,47,796. The ratio of deaths during the period was 45.55 per thousand population. In comparison to the ratio of mortality of the four weeks of October, there was an increase of 13.15 per mille.

EDITOR'S NOTES.

Duration of the "Lying-in" Period.

The *British Homœopathic Review* for December writes the following suggestive note :

"Dr. P. Jousset discusses in *L'Art Medical* the question of how long a woman should lie in bed after her confinement. He had always opposed the practice of not allowing her up till after three weeks, which has been the dominant teaching in the French school. Recent authorities state that involution of the uterus is complete by the ninth or tenth day, and that a sojourn in bed prolonged beyond this period gives rise to conditions favourable to displacement. In women who nurse their offspring involution is much more rapid than in those who do not, and early movements and changes of position facilitate uterine involution and have a favourable influence on the milk."

The Indian practice is to confine a woman in the lying-in-room for one month. What we have practically observed is that discharge from the uterus continues for a long time if not sufficient period of rest is allowed. At least, three weeks are necessary to stop the discharge by itself. Further, we have not seen frequent displacements in cases, when the females take rest for so long a time in the lying-in-room.

Aconite, Camphor, Veratrum viride.

The following useful hints in the *North American Journal of Medicine*, for October, have an importance which does not require any comment :

"The pains of aconite are numbing, tingling, pricking, lacerating, stinging, formicating and what not. Each tissue in pain, cries out in its own language as the serous stitch-pain, muscular aching-pain nervous shooting, lacerating pain, etc. So the pain of aconite, in being indicated in the congestion of any tissue, always depends upon, the tissue or tissues most involved. Whatever else they are, to accord with the aconite condition, they are bound to be violent and sudden in their appearance.

There are two other drugs which occupy common ground with aconite, as often indicated in the inception of such diseases as are characterized by the suddenness and virulence of their development. These are camphor and veratrum viride.

CAMPHOR. This drug is indicated very often in the initial stage of disease characterized by intense and sudden internal congestion. But it is the circulatory disturbance ushering in conditions of shock, looking for cause in :

First—Traumatism, sufficiently severe to destroy the harmonious action of the vital organs.

Second—The chill ushering in an attack of cholera, or yellow fever, or the ingestion of severe concentrated poison:

CAMPHOR	ACONITE
Vascular relaxation.	Arterial tension.
Mental torpor.	Mental anguish.
Cool, pale surface.	Hot, dry, red surface.
Weak, irregular pulse,	Full, bounding pulse.
	Suppression of all secretions.
	Constipation.
	High temperature.
	Suppressed urine.
	Watery diarrhoea.
	Subnormal temperature.

In short, aconite presents to our eyes a condition of over-nutrition, of exaggerated functions; while camphor gives us intense and alarming vital depression with under-action of all the vital organs—really opposite conditions.

VERATRUM VIRIDE gives us a nearer approach to the aconite conditions, but its action is confined to the organs supplied by the pneumogastric nerve, giving us with the fever and vascular tension a cerebral congestion, with nausealess vomiting of cerebral origin and dull, torpid brain. The pulse is full and tense but slower than normal. It is often indicated in the congestive stage of pneumonia, presenting at the same time symptoms of vital depression and a tendency to spasmodic symptoms, indicating it in diseases with are ushered in by clonic convulsion, showing great systemic disturbances, with no tendency to reaction".

Australian Snakes.

The *British Homœopathic Review* for December thus speaks of the Australian Snakes :

"We learn from a newspaper cutting sent to us by William George Watson, M.A., M.B., of Sydney, New South Wales, that though there are some very venomous snakes in New South Wales the

death-roll during the past fifteen years has averaged only four or five per annum, and that of a total of 190 cases of snake-bite the gross fatality rate was but 16·3 per cent. Five species are included in the category of "deadly snakes," viz., the death-adder (*Acanthophis antarctica*), the tiger snake (*Notechis scutatus vel Hoplocephalus curtus*), the black snake (*Pseudechis porphyriaceus*), the brown snake (*Diemenia textilis*), and the superb snake (*Denisonia superba*). Most bites occur during the hotter months of the year. With regard to treatment, Dr. Tidswell, the author of a work on "Researches on Australian Venoms, Snake-bite, Snake Venom, and Antivenine," thinks there is no proof that strychnine exerts any beneficial influence, and that "the antivenines hitherto obtained were only effective against the venoms with which they were prepared, so it followed that a separate serum was necessary for every kind of snake venom. Thus snake-bite would appear to be for the moment beyond the sphere of practical sérotherapy." He condemns the giving of the large quantities of alcohol, which is the popular treatment, and considers that lay treatment should be confined to the application of a ligature, followed by scarification and sucking of the bite, or to excision when a ligature cannot be applied, and to the giving of stimulants in small quantities if the patient is faint."

Death from the bite of venomous snakes are so frequent in India, that it requires a special study. After the efforts of Drs. FAYRER and SIRCAR, little has been done to further our knowledge of the venoms of Indian snakes. The last research is by captain S. P. JAMES, a medical officer of the Indian Government. The antivenine of Dr. Calmette has succeeded in a few cases of bite of the Krait serpent (*Bungarus Cerulaeus*), but an extended experiment is necessary to decide the applicability of the antivenine in all cases of serpent bite. The reasonable possibility is that one kind of antivenine will not suit for all cases of serpent venoms. As the action of the different kinds of poisons essentially differs from each other, so it is possible that different antivenines will also differ in their mode of action.

Tests of Cardio-vascular Efficiency.

The *New York State Journal of Medicine* of November, has the following interesting note:

"The present methods in vogue for making examinations of the heart seem satisfactory enough if some gross lesion which is easily

discovered exists ; but the physician sees many cases in which as a matter of fact he really is able to discover nothing, but still in which he regards the heart as not altogether normal. We may learn something of the functional power of the cardio-vascular apparatus by certain inquiries as to shortness of breath upon exertion, the number of pillows one requires in sleeping, the presence or absence of palpitation, the matter of cyanosis, cough, etc. Cabot and Bruce have supplemented their inquiries by further studies of the general condition of the patient and by observations of certain signs. One of the valuable tests to which they call attention is the effect of changed position. The normal difference between the pulse rate in standing and the lower pulse rate in the recumbent position disappears when the heart is seriously weakened. In healthy individuals there is a normal slowing of seven to fifteen beats per minute produced by recumbency. This number they find is reduced or altogether lost in cases of uncompensated valvular disease, and when the heart is seriously weakened.

Herz's test (*Selbsthemmungsprobe*) consists in counting the pulse over a sufficiently long period to assume a reasonably constant rate per minute. The patient then is made to sit down and very slowly flex and extend the right forearm, putting his full attention upon the movement, and endeavoring to avoid any contraction of the muscles. The physician all the while supports the patient's elbow with his left hand, while with his right hand grasping the patient's wrist, he directs the slow movements of flexion and extension, without, however, assisting or hindering them in any way. In the normal heart it seems that this procedure exerts no influence upon the pulse rate, but in the weakened heart the rate is notably slowed. Certain hearts which show no other evidence of disease are slowed from five to twenty beats. In carrying out this test extension and flexion each should consume a full minute.

Katzenstein's test consists in compressing both femoral arteries just below Poupart's ligament and noting the effect upon systolic blood pressure in the brachial artery. In normal persons this procedure causes a rise of 5 to 15 mm. of mercury in the systolic pressure within two or three minutes. If the heart is weakened from any cause the pressure will be less elevated or not at all.

The test to which Cabot and Bruce have given the most attention is that elaborated by Graupner of Nauheim. He found that after the pulse rate has risen as a result of exertion and again fallen to normal, the systolic blood pressure begins to rise, reaches its maxi-

imum some minutes later than the pulse rate, and gradually falls thereafter to normal or sometimes below normal. This phenomenon is observed in normal cases. In weakened hearts, if the damage is but slight, this still occurs, but is delayed or diminished. In seriously weakened hearts it does not occur at all, the blood pressure declining from the start, and then gradually reascending to the normal. This can be easily tested by the healthy person who will run up a couple of flights of stairs and then count his pulse. After the immediate acceleration has passed or during the slowing of the pulse following, it will be noted that the heart beat and strength of the pulse become much exaggerated. One feels the thump of the heart against the ribs more strongly after the pulse has almost or quite reached its normal rate than during the preceding period when the pulse is most accelerated. Graupner, in making his test, employs a weight-and-pulley ergometer.

Tests such as these are of much value, for in the diagnosis and prognosis of cardio-vascular disease the functional ability of the organs is the main thing, and is really of more importance than discovering the anatomical changes which have heretofore received so much attention."

The cardio-vascular efficiency is not generally taken into consideration in weakened hearts. The palpitation which means extra effort of the heart to propel blood indicates deficient power of the heart for ordinary work. It may also be due to nervous influence. The great difference of the pulse rate on motion and in rest is surely an indication of weakness of the heart. The continued palpitation even after rest is a significant indication that there is something very wrong in the action of the heart. The disclosure of undetected valvular inefficiency is mostly manifest after a little work or even slight movement. But the two conditions should be separately taken into view. Cardio-vascular inefficiency is distinct from valvular inefficiency. The first generally implies functional derangement, whereas the latter is mostly organic.

The India Office and Mr. W. M. Haffkine.

The *Lancet*, November 30, writes:

"We are glad to announce that the matters at issue between the India Office and Mr. Haffkine have been settled in a manner that is honourable to both parties. Mr. Haffkine has received a letter from the India Office saying that the Secretary of State recognises

that, though the views on the matter are not unanimous, an important body of scientific opinion is favourable to him in the question of the origin of the Mulkowal disaster, and adding that the Secretary's own attitude is indicated by the offer of employment upon honourable terms. To this letter from the India Office Mr. Haffkine has replied expressing gratitude for the expressions contained in it, accepting the offer, and stating his intention of proceeding to India at the earliest date by which he can get ready the apparatus necessary for his work. The details of this sad affair have been published in our columns so fully and recently that we are sure that readers are familiar with them. They may think that the measure of justice done to Mr. Haffkine is scant as is unfortunately almost always the case with the defendant in a prolonged dispute—a verdict in the end can never repay him for the anxiety of time of arraignment. Mr. Haffkine has borne his trial with the greatest dignity, and we congratulate him heartily upon the recognition which his work has received from the India Office, and upon his resolution to take up that work unaffected by the troubles that have now passed."

The Malkowal disaster of fourteen deaths from tetanus after inoculation of the anti-plague serum prepared by M. Haffkine is a tragic event which we cannot easily forget. It is said that this disaster is one of the causes of the unrest in the Punjab. Taking into consideration the sober facts concerning inoculation of the anti-plague serum, it can be said that the Haffkine inoculation has failed to prevent the spread of plague especially in the Panjab where many cases of inoculation have been practised. The Government of India may resort to this fruitless procedure in the absence of any better method adopted by the dominant school, but it seems that it is wasting money in a scheme which has not proved effective in ten years.

M. Haffkine has been extricated by a few specialists in England with regard to the fault of producing tetanus by his serum, but it can be said that the fatal results were not accidental. If it were not M. Haffkine's fault, the enquiry of the disaster has not given out the name of the careless person for whom so many deaths happened. It seems that almost all disasters in India are accepted as accidental and the India Government has imbibed the fatalistic idea which is concurrent among the people of the country. The white-washing of M. Haffkine has been done, but the fourteen deaths still disclose an amount of carelessness which cannot be hidden from public remark.

CLINICAL RECORD.

Foreign.

CHELIDONIUM IN BILIARY CALCULUS AND COFFEE POISONING.

By MYRA L. HEWITT, M.D.

Mrs.——, age 28, had been an invalid for several years, though around the house most of the time. She had frequent sudden attacks of pain in right hypochondriac region, extending through to back and up back toward shoulders. The condition had at various times been diagnosed "liver trouble"—floating kidney—gall stones—inflammation of bowels—and "female trouble," and she had been treated for each of the diagnoses, the pain controlled each time with morphia hypodermic and the attack followed by three or four days in bed.

When first seen the patient had suffered the usual attack of pain two days before. She had taken hot whisky at the time, and by keeping quiet and applying a hot water bag over side had managed to worry through the worst pain. I found her in a state of great mental excitement, though too weak and tired to keep going. She was nervous, sleepless, faint and trembling, pulse fluttering, neuralgic pains she could not describe, headache worse for motion, noise, light and draft of air, face yellowish gray. Said she could not stop *thinking* all night long enough to get to sleep. Great sensitiveness over liver and gall bladder. I gave *Coffea crudum* c c and asked for report the following day, but did not hear from her again for a week.

At that time I found the excited condition no better, face was more yellow though not jaundiced, right hypochondrium tense and painful to pressure, pinching pain in stomach, ameliorated by eating, liver somewhat enlarged and sensitive, appetite absent, some nausea without vomiting. The coffee symptoms still seemed prominent, but she had not improved under *Coffea crudum*. Upon inquiry I learned that the state of excitability and sleeplessness had persisted for something less than two years. She had been married and house-keeping a few months more than two years, so I asked "How much coffee do you drink?" "O," she said, "I keep the coffee-pot on the stove all day, and whenever I feel tired from my housework I drink a cup of coffee." She had been drinking probably eight or ten cups a day, but said if there was promise of being better of the old trouble

she would do anything I advised. The coffee was stopped, and she was put upon *Chelidonium c c* with marked improvement before a week passed. It is now nearly two years since the *Chelidonium* treatment was begun. She received in all eight prescriptions, and with the exception of an attack of grippe, and a slight menstrual trouble, she has been well and is now rosy and gaining in flesh. Five months after beginning treatment she had a recurrence of gallstone colic, relieved by *Colocynth 1m*, and has had no other attack since. She had previously suffered these attacks every five or six weeks, until she had despaired of ever getting well.

This was a case worked out by Repertory, and for the satisfaction of any who might think that sometimes the work with Repertory takes more than the proper time allowable to a *single* case, I want to say this one satisfied patient since her cure has brought to me eight other patients.—*The Medical Advance*, October, 1907.

THE HISTORY, STUDY AND TREATMENT OF A CASE.

By MAURICE WORCER-TER-TURNER, M.D.

Miss R., nearly sixty years old at the beginning of this illness, is of medium height, with brown hair and eyes, swarthy complexion. For a clear presentation of her case it is necessary to give in chronological order her family and personal history.

History: First as to her twin sisters, one married and had two daughters, soon after the second was born she became insane and died; the other sister was sent to Westboro Insane Hospital about sixteen years ago; she recovered but had to be taken there again three years later, and died of Cerebral Hæmorrhagic Pachymeningitis as the autopsy revealed.

Then Miss R's father and later her mother died; they were both very old and perfectly sound mentally.

One of her nieces is happily married and the mother of several children. After all of her pregnancies she was a "little queer." The other niece is unmarried, very erratic and unreliable. She has given Miss R. much worry for the last four or five years on account of her eccentricities.

About five years ago Miss R. had nervous prostration, not severely but associated with much vertigo. The condition lasted about four months and gradually yielded to *Cocculus indicus*. Afterward she seemed as well as ever.

All the care of the property has fallen on Miss R., and as she never was much of a business woman it has not only been difficult for her but another source of worry.

In the summer of 1905 Miss R. went with friends to Europe. While away only three months yet she reported on her return that she had slept in thirty-five or thirty-six different places, an average of only three days in each place. She was much exhausted by the trip; her home-coming was not happy as none of her family seemed particularly glad to see her, and as a result she was much depressed; then the work of opening her house and trouble with servants increased the dejection and she became insomniac.

Some of Miss R.'s friends, as had been their habit for several years, came to live with her through the winter. They are of the Christian Science fold and have considerable influence over Miss R. who was told that she was better, or that nothing was the matter with her and so forth.

Symptoms. By Christmas she was worse, slept but little and most of the day and night walked about wringing her hands, groaning and muttering to herself. Fortunately her appetite remaining good she was well nourished.

At this time I was asked to interfere, and after telling her niece's husband, who lived some distance away, about her condition, he acted at once and Miss R. was taken to the house of a friend who was willing to have her and a nurse. If this refuge had not offered and it had been necessary to take Miss R. to a sanitarium surely it would have been more difficult to cure her.

The change was made none too soon, as her appearance and actions were those of one distracted. She constantly walked around and groaned, could not answer the simplest question without taking time to think and even then the answer was incomplete and very slowly and disconnectedly given. At times she answered 'no' to all questions. Her memory was much impaired and for some things destroyed, for example, she had great difficulty in remembering words and names. She also feared to see people yet was afraid to be alone. Often in the midst of her walking she would stop and listen, asking those present to hush, as if she heard voices; besides she was timid, suspicious and fearful that something was about to happen.

While Miss R. knew where she was yet she was sure we were going to take her away and at each of my visits she would say several times: "You know, you know," and then after a pause, "where I ought to go," and would get no further. At first I asked, "where,

"to a sanitarium?" and the answer came with great reluctance and difficulty—"no, no, to, to prison," as she had a fixed delusion that she had misappropriated money she held in trust and ought really to be punished.

There were other delusions, one that the medicine was to poison her, so she refused it and we had great difficulty in persuading her to take it.

For several days she hardly slept at all and at first would not go to bed, finally when she did go she would sit bolt upright in bed and wanted the lights burning all night.

Her hands were always busy fumbling with her buttons or picking things of her dress.

In manner she was often excited and then the mutterings would increase and she would say things which suggested that she had thoughts of suicide and fear of being insane as were her sisters. She said once, "you know how Minnie went (the sister who died at Westboro), and I shall go the same way."

Study of the Case: On account of the wish for light, the fear of being alone, together with the mild character of the delirium, the confused memory, the flushed face with staring eyes, the restless state in the day and in bed, and the weeping, I lost some time over Stramonium given in the 200th. After it was repeated without effect I realized it was inappropriate and looked over the case again.

After several unsatisfactory studies I began with the remedies under "groaning," page 57 Kent's repertory, (which also includes Stramonium in the list), and then took "memory, weakness of, for words," page 71.

This gave five remedies: Baryta carb., Com. ind., Kali brom, Lach., Plumb. met. Then looking up these medicines in the materia medica there was no difficulty in selecting Kali bromatum which seemed to cover perfectly.

Miss R. was given two doses, dry, twelve hours apart, of the 1000th Fincke. Improvement began at once but she retrograded on the fourth day and the remedy was repeated then and again at the end of another week for the same reason. Then she went four weeks getting better all the time, then a slight relapse and the Kali bromatum was given once more. The remedy, except the first time, was given in single doses and always a powder dry on the tongue in the 1000th potency. All her delusions had now disappeared and she regretted not having come for care earlier. Some little agitation on meeting even friends remained, and when tired her head felt confused.

On April 4th, 1906, six weeks had elapsed since the last dose of medicine. Now, as headache and some confusion had returned, another powder of the 1000th was given. The same state of things appeared for the last time on June 12th, and Miss R then received a powder of Kali bromatum, so that this remedy "held the case" with a satisfactory lengthening of the intervals between the necessary repetitions. At present, May 1st, 1907, she is in perfect health.

I wish also to call attention to the fact that Kali bromatum, while hardly to be classed as an anti-psoric nor a long-acting remedy, was itself sufficient to complete the cure.

Addenda: Of the foregoing case the following symptoms in whole or part are to be found in the "Guiding Symptoms" and also in Kent's Repertory.

Groaning, p. 58, K.

Memory, weakness of for words, p. 71, K.

Restlessness, general rubric, p. 77, K.

Speech, hesitating, p. 85, K.

Speech, slow, p. 86, K.

Weeping, general rubric, p. 95, K.

Insomnia, general rubric, p. 1187, K.

These are in the "Guiding Symptoms" and not in Kent's though in the latter they might be added tentatively in rubrics on the pages given :

Answers slowly, p. 13, K.

Afraid to meet people	{ Company, aversion to yet dreads be- ing alone.	} p. 21, K.
Afraid to be alone		

Delirium; muttering to himself, p. 28, K.

Compare muttering to himself, p. 73, K.

Compare muttering, General rubric, p. 73, K.

Compare moaning, general rubric, p. 72, K.

Delusions, hears voices, p. 43, K.

Excitement, p. 48, K.

Fear of being insane, p. 52, K.

Fear of being poisoned, p. 53, K.

Fear of being spoken to, p. 54, K.

Restless in the night, p. 77, K.

Suspicious, p. 89, K.

Timid, p. 92, K. (given in K. as "Kali b.")

Eyes staring, p. 263, K.

Face flushed, p. 359, K.

And these are neither in the "Guiding Symptoms" nor in Kent. The proper pages in the latter are indicated :

Answers, disconnected, p. 13, K.

Answers, monosyllabic, "no" to all questions, p. 13, K.

Fear of having committed a crime, p. 50, K.

Fear as if something would happen, p. 52, K.

Wringing of hands (see gestures), p. 57, K.

*Light, desire for, p. 68, K.

Restless in day, p. 77, K.

Suicide, thoughts of, p. 89, K.

The next two came under rubrics a little differently expressed, the first is found in the "Guiding Symptoms," the second not. Pages in Kent suggested :

Walking about constantly, comes under "Restless" in general, p. 77, K., but does not occur under restlessness at different times of the day.

Hands busy, fumbling ; compare "Picks at bed clothes." p. 57, K.

And lastly three new rubrics which do now occur in the "Guiding Symptoms" nor in Kent, pages for the latter given :

Delusion of being a thief or of having stolen, p. 42, K.

Slow thought, pp. 85, 91, K.

Lie down, will not, sits up in bed, p. 1297, K.—The *Medical Advance*, October, 1907.

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PAINFUL CRAMPS IN WHOOPING-COUGH.

L'Art Medical for July contains an account of a case of whooping-cough in a man of 45, in whom the attacks of coughing (12 to 15 in the 24 hours)* were not very severe, but accompanied generally by a very painful spasm of some of the neck muscles, notably the trapezii, causing marked extension of the head on the spine. Simultaneously temples, ears, and the top of the head (the patient was bald) became of a bright scarlet colour; the spasm and the congestion lasted several minutes after the cough ceased, and vertigo was often experienced when the spasm passed off. *Nux vomica* 6, followed by *Cuprum* 12, produced little or no improvement. *Naphthalin* 6 cleared up the whole condition in a few days.—The *Homeopathic World*, October 1, 1907.

VARIOLOUS KERATITIS; FREQUENT RELAPSES.

Reported by Dr. F. H. Bodman.

Another case of keratitis may be of interest in comparison with the one reported in September:—

Laura H., aged 37, single; first attended the Hahnemann Hospital as an out-patient, August 22nd, 1904. She had quite recently been an in-patient in a first-class eye hospital for five weeks, and had attended there as an out-patient for many years, but she had obtained little or no relief from this treatment.

The history she gave was that she had small-pox when she was about 18 months old, and during this illness her eyes were inflamed and ulcerated, that from that time she had been blind, and that there had been more or less pain in the eyes and intolerance of light ever since; but that every now and then these symptoms would be much more severe for some weeks. The eyes had been worse lately than they used to be. There had also been chronic otorrhœa and loss of smell since the attack of small-pox.

The condition on coming under treatment was as follows: There was intense photophobia and spasm of the eyelids; there was much congestion of the conjunctival and circumcorneal blood-vessels; there was diffuse opacity of both corneæ. The tongue was coated with yellowish fur. Medicines ordered: *Conium* 3x and *mer. sol.* 3x, every two hours alternately.

August 29th.—Condition the same. Intense photophobia. *Conium* 1 x and *merc. cor.* 3, 2nd hour alt.

September 5th.—Better. Repeat.

September 19th.—Still much pain at times, but better on the whole. Repeat.

September 26th.—Has had much pain in the eyes. *Ars. alb.* 6, *t.d.s.*

October 3rd.—Has had more pain. *Ars. alb.* 30, *t.d.s.*

Solution of *dionin* (gr. i. to ʒi. distilled water) to be used for eye-drops once a day.

October 10th.—Less pain. The drops give relief. Repeat *ars.* Use eye-drops three times a day.

October 17th.—Decidedly less pain. The drops cause a good deal of smarting for about ten minutes; after that there is decided relief. Repeat.

October 31st.—Better; can open the eyes better than for a long time.

November 28th.—Much better lately ; still gets the pain in the eyes at times, but much less. *Gutt. dionin p.r.n., variolin 6, b.d.*

December 5th.—Continuing better. Repeat.

December 19th.—Better than she has been for more than a year. The eyes are less painful and there is much less injection. The corneal opacity of course remains the same. Repeat.

December 4th, 1905.—The eyes have been free from inflammation since the last attendance nearly a year ago. Has now come for treatment for cold in head and discharge from the ears.

July 16th, 1907.—The eyes have been rather inflamed and painful again the last week or two, but previously had been continuing comfortable. *Ars. a. 6, t.d., gutt. dionin.*

July 30th.—Decidedly better. Repeat.

August 13th.—Eyes comfortable again.

Remarks.—This case was an example of the destructive keratitis that occurs in some of the severer cases of small-pox ; irrigation of the conjunctival sac with warm antiseptic lotion during the attack much lessens the liability to this serious complication.

Dionin (or *ethyl morphine hydrochloride*) is a useful anodyne in many cases of glaucoma, corneal ulcer, &c. It is also said to clear up recent corneal opacities. It is generally used in solutions of 1 to 5 per cent., but this case shows that it may be used considerably weaker with good results. Sometimes it causes a good deal of irritation and chemosis, and therefore needs to be used cautiously at first. In this case it gave the patient great relief, and she came to have great belief in its value. •

The lasting character of the relief experienced in this case points to the conclusion that it was not wholly due to the *dionin* drops ; besides, this drug was almost certainly tried at the eye institution where she was formerly under treatment for so long as I happen to know that at one time they were giving it extensive trial there.

I think it is, therefore, fair to conclude that the *conium*, *merc. cor.*, and especially the *ars. alb.*, and perhaps the *variolin*, were responsible for much of the improvement which took place. At any rate the patient had no hesitation in saying that she had derived far more benefit from the treatment as an out-patient at the Hahnemann Hospital than she ever did either as in or out-patient, at the rival institution where homœopathy is not recognised.—*The British Homœopathic Review*, November, 1907.

She had a great deal of headache, mostly a dull aching, coming and going, more pronounced in the forehead and vertex on the left side. She sometimes described it as a feeling as if the top of the head were strapped down. It was at its worst on waking in the morning; worse after sleep at any time and worse in a warm room. It was better after eating and in the air. In addition to this character of headache there was shooting pains in the occiput, also worse in the morning on waking. When tired she had a pulled back feeling in the occiput.

Palpitation and shortness of breath on going upstairs.

Such were the patient's symptoms.

The seemingly indicated remedy had helped but little. It is indeed true that "our observations are so meaningless until we are given the thread to string them on." As yet, then, I had not been given, or had not found, the thread for my observations in the case.

A new complaint fortunately now appeared which threw light on the dilemma. Yet, not a new complaint, rather the reappearance of one from which the patient had suffered on and off for some years—a diarrhea. The symptoms of the diarrhea were these:

Urgent desire in the morning before getting up; a sense of weakness and insecurity of the rectum; the diarrhea painless; a scraped feeling in the rectum after a movement; each stool first solid, then liquid.

What was the remedy? Not Aloes or Sulphur. I had given them in the past with indifferent result. Besides it was not now merely a matter of the diarrhea. Here was the patient's whole condition to be met and the metrorrhagia as well.

What was the patient's remedy?

With the hint the diarrhea had given me I now felt that I had found it, yet wondered whether in my notes of the patient's history I should find further corroboration.

First, as to the diarrhea in the past. The attacks were essentially like the one from which the patient now suffered, the early morning aggravation being always marked, and the stools being first solid then liquid in character. Then, all her life the patient had been subject to troublesome urticaria. My notes also reminded me that in summer there was a tendency to a vesicular eruption on the hands.

Did these things confirm the remedy in mind? Yes, decidedly yes; and surely the remedy was Bovista. So it proved. The cessation of the metrorrhagia and diarrhea; the disappearance of symptoms; the regaining of strength, color and appetite—all this the

Gleanings from Contemporary Literature.

THE LEFT HEMISPHERE OF THE BRAIN.

ITS INFLUENCE ON THE USE OF THE ARMS AND HANDS.

By Dr. H. Liepmann.

THE discovery, made by Broca about forty years ago, of the connection between the power of speech and the left hemisphere of the brain is properly regarded as one of the most important contributions ever made to our knowledge of the mutual relations of body and mind. It was the first instance of the localization of a mental function in a definite area of the brain. That the aphasia, or loss of the faculty of intelligent speech, which follows serious injury to Broca's convolution is not due merely to paralysis of the vocal muscles, is evident from the fact that the ability to write and read is also more or less affected. Hence it may be inferred that a person thus afflicted—with motor aphasia, to use the technical term—has to some extent lost the memory for words, for if the muscles employed in speaking were alone affected, the patient should still be able to write words, and to recognise written and printed words.

But only a part of the memory of the word is lost, for the patient still understands what is said to him. The memory of the sound of the word remains intact, but the memory of the muscular movements required in articulation is gone. The latter is that part of the verbal memory that is built up in childhood by continual practice in enunciating words and which makes possible the knowledge of the syllables and letters of written language.

Ten years after Broca's discovery, Wernicke studied a patient afflicted with sensory aphasia, that is, one who could not understand spoken words, and traced the difficulty to an injury of the left temporal lobe of the brain. The memory of the sounds of words was thus localized in the left cerebral hemisphere.

There are still many mooted points in the theory of aphasia, which has been built up by the labors of numerous physiologists during the last half century, but one fact, at least, is universally recognized—the great predominance of the left hemisphere of the brain in controlling the function of speech.

The study of other motor phenomena of complex character was long neglected. The theory of paralysis and cramps of the limbs was developed and later, that of a more special motor disturbance, ataxia, which is betrayed by sudden, convulsive and ineffectual movements. It was observed, also, that many persons suffering with brain diseases, though free from both paralysis and ataxia, performed many absurd actions, such as using a tooth brush, for example, as if it were a cigar. This condition to which the name apraxia was given, is

often the result of mistaking one object for another, and it was generally attributed entirely to this cause.

In 1900 I had occasion to observe a very peculiar case. The patient had no paralysis and he recognized objects perfectly, but he used them improperly. His gestures of greeting, threatening, beckoning, and other actions in which no objects were employed were equally grotesque. To this condition I prefer to give the name apraxia, while I designate as agnosia that perversion of actions which is caused by failure to recognize the character of objects.

In apraxia, as I define it, the patient is unable to move his hands and other members so as to perform acts properly, that is, he cannot make them obey his will. The most striking phenomena of both diseases may be comprised in the statement that the ability, acquired during life, to make various purposeful movements has been lost either because the movements have been forgotten or because the muscles cannot be induced to execute them. The arm and leg muscles are affected in apraxia much as the muscles of speech are affected in aphasia. In both cases the muscles have not lost their mobility but the co-ordination of impulses required for the performance of a complex action has become impossible.

My patient of 1900, like many other apraxics had lost the power of speech. Only the right half of the body was affected with apraxia to any great degree. With his right hand he did almost everything wrong. He would stick a comb behind his ear as a pencil is often carried, wipe his nose with a handkerchief in which he had been asked to tie a knot, and grope wildly in the air in the attempt to remove his eye-glasses. But when the right hand was held, so that he was compelled to use the left hand, he did almost everything correctly. He could even write fairly well with his left hand, though the letters were reversed. This proved that he understood commands and recognized objects and consequently that he could decide to perform the acts requested, but he could not control the right half of his body. This right half behaved like that of an idiot, but the man was not an idiot. Nature had performed an exceedingly instructive experiment on the poor fellow, and I studied him very attentively during the two remaining years of his life.

My conjecture regarding the character of the brain lesion was confirmed by the autopsy. The nerve center which controls the right arm and leg and which is situated in the left hemisphere of the brain, had been deprived, by a process of fatty degeneration, of its many natural connections with the centers of sight, hearing, etc., in both hemispheres. Hence the directive impulses which are normally sent from the various special sense centers to the hand center were transmitted imperfectly or not at all.

I and other physiologists soon discovered many other cases of apraxia which differed greatly in detail. It was founded that apraxia is as

common as aphasia in diseases of the brain, and that its study gives an insight into the dynamics of cerebral processes and the psychology of the most important phenomena of life. It is especially interesting because it is intimately related to certain phases of insanity and because the explanation of the mechanism of elementary acts brings us a step nearer to the understanding of the higher abnormalities of conduct which we observe in the insane and which are not directly connected with apraxia.

The recognition of the condition of apraxia also leads to other results. For the benefit of non-medical readers I will premise that the right half of the body is governed by the left cerebral hemisphere and the left half of the body is governed by the right cerebral hemisphere. For example, an electrical stimulus applied to a certain region in the left hemisphere produces contraction of the right arm and leg. Such a region is called the "center" of the member or function which it governs. Paralysis of the right arm is produced by serious injury to the arm center in the left cerebral hemisphere and conversely.

Now my observations of more than 150 cases of brain disease have led to the following remarkable results. Those patients whose left arms had been paralyzed by lesions in the arm center in the right cerebral hemisphere could use their right arms and hands as well as ever. But about half of these patients whose right arms were paralyzed had more or less completely lost the power to use their left hands, except for such common and simple operations as conveying food to the mouth, buttoning garments, etc., which nearly all of them contrived to accomplish with their left hands. Only about half of these persons with paralyzed right hands could use their left hands successfully in beckoning, threatening, or other expressive gestures, in turning a crank knocking on a door, counting money or writing down figures from memory. Some went badly astray in handling objects. One patient set his eyeglasses on his protruded tongue instead of his nose, another in trying to seal a letter put the hot sealing wax in his mouth, a third put a match between his lips, like a cigarette, instead of striking it, etc. Attempts to imitate the actions of other persons were equally unsuccessful and often ludicrous. In short, the left hands of these persons with paralyzed right hands were more or less affected with apraxia, which in many cases was revealed only by special tests like those mentioned above.

The degree of this partial apraxia, or dyspraxia, of the left hand, was not a matter of chance, but was found to increase with the proximity of the seat of disease to the cortex of the brain and the number of interruptions in the connections between the cortical layers of the right and left hemispheres.

This dyspraxia of the left hand may occur when the right hand is not paralyzed, but only apractic, and even when the right hand is

entirely normal. In the last case those connections between the hemispheres that traverse the so-called corpus callosum are interrupted, as has been proved by series of sections of the brains of three persons so affected.

These facts explain the slight but unmistakable symptoms of apraxia observed in the left hand of my first patient, who had complete apraxia of the right side of the body, and they give us a new insight into the relation between the cerebral hemispheres. We knew that the right arm and hand are usually stronger and more skilful than the left, but we believed that the left hand was governed entirely by the right brain. We see now, however, that the left brain exercises a sort of suzerainty over the right brain in regard to many of the powers of the left hand. The right brain is dependent upon the left brain for the memory, design, and performance of complicated movements executed for specific purposes. Certain regions of the left hemisphere are already known which govern both conscious and unconscious preparation for action. If these centers are injured or if their connections with the right brain, by way of the corpus callosum, are broken, the right brain is left without a leader and betrays its incapacity to direct the delicate work of the hand.

It appears, then, that the left hemisphere predominates in the government of the hand as it does in that of speech, though to a less degree and, probably, with greater individual variations in degree.

In addition to distinctly left-handed persons, who constitute four per cent of the population, there is a yet unknown number of ambidextrous persons who form exceptions to the rule that the functions of speech and language are localized in the left brain, and it is probable, that the exceptions to the localization of the functions of the hands in the left brain are still more numerous. The independence of the right hemisphere in this respect will be conditioned by the capacity and education of the left hand and therefore of right brain. This factor and the situation and extent of the brain lesion determine the degree to which the utility of the left hand is impaired by diseases of the left brain.

Many ingenious explanations of the predominance of the left hemisphere in the control of speech have been suggested, but the problem has not been completely solved. That this predominance is associated with right-handedness has been known since Broca's researches. To me, the predominance of the left hemisphere in directing the hands appears to supply a connection between right-handedness and the localization of speech in the left brain. The functions in which the insufficiency of the right hemisphere is most strongly marked are concerned with actions which depend on memory and are not suggested by the sight and contact of material objects. We have seen that in most cases the incapacity of the left hand is most evident in actions of this character. Now, speech is such an action. In chew-

ing, the muscles of the tongue, lips and jaws are stimulated by contact with food ; but in speaking no such material stimulus is present, and the control by the ear is not exercised until after the action has commenced. Hence we may group the peculiarities of speech and manipulation together in the statement that the right brain is especially unfitted for the conduct of actions that are wholly remembered and not at all suggested by material objects.

Another step in advance could be taken if we could accept Max Muller's synergistic or co-operative theory of language, which regards verbal roots as sounds which in the infancy of civilization, were habitually uttered by number of men engaged in rowing, hammering, pile-driving, etc. If the first words of primitive man were such rhythmical accompaniments of arm and hand movements which, as we have seen, are directed chiefly by the left brain, the fact that the production of speech is governed by neighboring regions of the same hemisphere becomes less astonishing. I advance this hypothesis with some diffidence as I do not know how much vitality is retained by the co-operative theory which, I believe, has been abandoned by the majority of philologists.

A practical conclusion may be drawn from the facts described above. The exercise and education of the left hand have already been recommended on various grounds, but principally for the reason that two skilful hands are better than one. But there is a stronger reason. Concepts of motion form the basis of all our concepts of space and constitute an essential part of that which we call intelligence. The idea that the co-operation of an educated right brain with the left brain may increase the precision, permanence, and availability of our spatial concepts and thereby improve our intellectual ability in general, is, at least, worthy of consideration.

We find, furthermore, no difference between the cerebral hemispheres in animals even of the highest species. Monkeys and apes are ambidextrous and there is no one-sidedness in the talking parrot. The superiority of man to brute is associated with an accumulation of special faculties in the left cerebral hemisphere, but it is due to the positive improvement of that hemisphere, not to the mere fact of inequality or the undeveloped state of the right brain. It is conceivable that in a more advanced stage of human evolution the right hemisphere may be able to relieve the left of the government of the hands and tongue and leave it free for the exercise of still higher functions, the advent of which is expected by all believers in the theory of evolution.

To return to the present and immediate future, the study of apraxia will give us a deeper insight into the psychology and physiology of manual action and the dynamics of cerebral processes. Anatomically, no definite center controlling the actions here considered appears to exist. They seem to depend upon the harmonious co-operation of many parts of the brain with the hand and arm center in the left hemisphere.

This center and its immediate vicinity are consequently of paramount importance, especially the region behind this center, traversed by the principal connections between the center and the temporal and occipital lobes of both hemispheres. Lesions in this region are the most conspicuous in practice because injury to the arm center itself usually causes paralysis, by which the apraxia is masked. Hence the commonest cause of apraxia is a lesion in the left parietal lobe of the brain. The eventual partial compensation will depend on the condition of the corpus callosum and other connections. It has already been pointed out that the usefulness of the left hand, in particular, depends upon the integrity of the corpus callosum as well as upon that of the left brain area under consideration.—*Scientific American Supplement*, October 19, 1907.

THE INJURIOUS EFFECTS OF LIGHT UPON THE EYE.

By DR. A. BIRCH-HIRSCHFELD.

THAT strong light may injure the eye has probably been known from remote antiquity. Even a brief glance at the sun may permanently affect the sight. On coming into broad daylight after a long sojourn in a dark room we feel pain in the eyes and involuntarily close them, and eyes accustomed to diffused day-light are similarly affected by looking long at the sunlit surface of snow or water or at bright artificial lights.

Two distinct varieties of partial blindness are caused by exposure to light, one by luminous, the other by ultraviolet rays. The type of the first variety is the sun blindness which is produced by looking at the sun with the naked eye. Many such cases occur at every solar eclipse and Galileo's blindness has been attributed to his observation of sun spots.

The symptoms of sun blindness are very characteristic. Soon after the exposure the sufferer notices that objects which are looked at directly are indistinct, veiled or quite invisible, while the rest of the field of view appears as usual. On looking at a white surface he sees a dark spot surrounded by a shimmer.

In mild cases the ophthalmoscope reveals no change, but in severe cases a pale gray circle fringed with pigment cells is found in the place of the "yellow spot" in the center of the retina. In many cases the sight gradually improves, but as a rule it remains permanently more or less impaired, and total blindness sometimes results.

My experiments on animals show a progressive lesion of the retina, beginning with the superficial layer, and consisting of oedema, exudation of fluid, and atrophy of the nervous tissue, due to disturbances of circulation in the choroid and retina.

Sun blindness is evidently caused by the luminous rays. Sunlight, except on high mountains, contains few ultraviolet rays and these are largely absorbed by the lens and humors of the eye. In animals the symp-

toms can be produced by luminous rays alone but not by ultraviolet rays alone. Ultraviolet rays cause blindness of a different character.

Slight sun blindness caused by reflected sunlight is of common occurrence. There is no serious impairment of vision but the eyes are abnormally sensitive and there is a feeling of fatigue and pain. Individual differences in quantity of pigment and size of pupil here come into play and general bodily weakness may so affect the retina that it is injured by an illumination that is harmless to a normal eye.

Night blindness is a peculiar condition which is caused partly but not wholly by exposure to light. The patient sees very well in strong illumination but cannot detect slight differences of shade in a dim light. The same condition occurs, transiently, in normal persons on going from a highly lighted room to a dark street. Night blindness is usually epidemic and chiefly affects young persons who are overworked and insufficiently nourished. It is very common among the Russian peasantry after the rigid Lenten fast, and Vaucel tells of a French garrison town where a search party was sent out every evening to bring in soldiers who were helpless after nightfall.

The explanation of night blindness is that the visual purple, which gives the retinal rods sensitiveness for very weak light, has been bleached and destroyed by light and has not been restored, owing to malnutrition. Practically, it is found that attention must be given to the general health. Cod liver oil is said to be very beneficial, and in many parts of Russia it is known as "oil for blindness."

We come now to the effects produced on the eye by ultra-violet rays. The crystalline lens strongly absorbs these rays, and thus partially protects the retina from their action. An eye from which the lens has been removed (in cataract or extreme myopia) is far more sensitive than a normal eye to ultra-violet rays. Glass also absorbs these rays—a fact of great practical importance—and so, to a great extent, do the lower strata of the atmosphere. Injury to the eyes due to ultra-violet solar radiation, therefore, occurs chiefly at great altitudes.

In comparison with sunlight, the radiations emitted by the electric arc, the electric spark, the magnesium light, and the mercury vapor lamp contain a very large proportion of ultra-violet rays.

The injuries caused by ultra-violet rays include snow blindness, electric light blindness, lightning blindness, and erythropsia or "seeing red."

Medical records contain few cases of severe snow blindness, but the less serious and unrecorded cases must be far more numerous. It is most likely to occur at high altitudes where, as we have seen, sunlight is rich in ultra-violet rays. The principal symptom is a violent inflammation of the conjunctiva, cornea, and iris, often accompanied by aversion to light, tears, cramp in the eyelids, and intense pain. In severe cases the cornea ulcerates. Disturbance of vision often occurs. Reich, who studied

seventy-three cases in the Caucasus, found the retina and optic nerve congested with blood.

The effects produced by powerful electric lights are very similar to the above. Little discomfort is felt at first, but after a while all objects appear red, and six or eight hours after the exposure the conjunctiva becomes red, swollen, and inflamed. The pain increases, and the sufferer feels as if grains of sharp sand were rubbed under the eyelids. These symptoms abate in the course of days or weeks, but the partial blindness persists much longer, and in some cases through life. Terrien, in his examination of forty-five cases, found that in many the retina and optic nerve were greatly inflamed, while in others their appearance remained normal, although the sight was greatly injured. In no case did he find the circumscribed blind area which characterizes sun blindness.

As lightning is an electric spark of great intensity and peculiarly rich in ultra-violet rays, we should expect its effects to be similar to those of the electric light. A discrimination must be made, however, between true lightning blindness and direct injury to the eye by a stroke of lightning. The former is exactly similar to electric light blindness, but the turbidity of the lens and the profound inflammatory changes in the choroid that sometimes lead to complete atrophy of the optic nerve must be attributed chiefly to the direct mechanical and electrolytic action of the discharge, rather than to the ultra-violet rays of the flash.

A fourth effect of exposure to ultra-violet light is the condition known as erythropsia, in which all objects appear red. It occurs as the first symptom of electric light blindness and also the other cases. Tourists who arrive at an Alpine shelter after a long tramp over snow and ice are often surprised to find that all light-colored objects look red to them. The condition is transitory and the sight is not injured. Fuchs, who produced the phenomenon repeatedly in himself, explained it by assuming that the visual purple of the retina was greatly reduced by the prolonged action of the ultra-violet rays of sunlight at great altitudes, and that the entrance into the hut was immediately followed by a rapid formation of a layer of fresh visual purple over the retina. But the center of the retina (the yellow spot) contains no visual purple, and yet erythropsia can be produced in an eye of which all except the central portion is protected by a screen. It is noteworthy that eyes from which the lenses have been removed are particularly susceptible to erythropsia.

The differences between sun blindness, on the one hand, and snow blindness, electric light blindness, and lightning blindness, on the other hand, are very clearly marked. In addition to differences in the disturbance of vision, sun blindness is characterized by the limitation of the effect to a small central area of the retina and by absence of the serious inflammation of the front of the eye, the erythropsia and the long interval between exposure and effect that occur in the other three forms, all caused by ultra-violet rays, as Midmark has proved by experiment.

I have discovered some other interesting facts by employing modern methods of staining nerve cells after exposing the eye to ultra-violet light. The nerve cells of the retina, like those of the brain and spinal cord, contain a granular and scaly deposit, known as the "chromatic substance," or chromatin, which takes a deep stain from certain dyes. In the normal retina these grains and scales are regularly arranged and sharply bounded. They appear with especial distinctness and abundance in the retina of an eye that has long been kept in darkness. The quantity of chromatin is diminished by exposure to bright daylight, and far more rapidly by exposure to light which contains a large proportion of ultra-violet rays.

The normal chromatin structure is regained in the course of a few days, but exposure to intense ultra-violet radiation causes the nerve cells to wither and disintegrate, and permanent injury results. The effect of ultra-violet rays is distributed over the entire retina and is most marked in its inner layers, while the atrophy associated with sun blindness is confined to the superficial layer of the center of the retina.

Light, radiant heat, and ultra-violet rays have been held accountable for other diseases of the eye, including gray cataract. This disease is said to occur more frequently and earlier in life in the country and in the tropics than in cities of the temperate zone, and it is notoriously common among glass blowers and other workers with fire, but exposure to radiation is only one of its causes.

Roentgen and radium rays may also produce very injurious effects, both inflammatory lesions in the front of the eye and disintegration of the nerve cells of the retina, though the chromatic structure is less affected by them than by ultra-violet rays. "In working with Roentgen and radium rays the eyes should be protected by screens of sheet lead or lead glass, and the rays should never be sent directly into the eye.

The best protection against solar and other luminous rays is given by smoke-colored glasses. Blue glasses are less effective, as they transmit the short waves which exert the strongest chemical action. When the eyes are exposed directly to intense light, as in observing solar eclipses, tending arc lamps, etc., very dark glasses should be used. Glasses of lighter shade afford sufficient protection against reflected sun-light.

As a protection against ultra-violet rays the color of the glass is less important than its thickness, as all glass strongly absorbs these rays. But as no glass stops them completely, Schulek has devised hollow eye glasses containing a liquid which is entirely opaque to ultra-violet rays. Such complicated devices, however, are neither practical nor necessary.

Eyes already diseased and the eyes of sensitive, nervous, anæmic, and ill-nourished persons especially require protection. Such persons should avoid intense light, and wear dark glasses when they are necessarily exposed to it. Reading and working in direct sun-light should be absolutely forbidden. Good results often follow the use of colored screens, for some colors are more acceptable to one person, others to another.

